MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04656

: 4713

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural X
LENGTH OF STAY (in this place) 1mo 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria 837-3
STREET ADDRESS (If rural give location) 201 Fairfax Road ✓

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Armstrong (Last) ADAMS

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 20, 1910

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transportation Specilist for USMC

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennslyvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert B. ADAMS

14. MOTHER'S MAIDEN NAME: Nellie ROOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korea

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife: Mrs. Mary C. ADAMS 201 Fairfax Road, Alexandria, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 144.1

(A) DUE TO Carcinoma, abdomen, with metastases — 4 months

ANTECEDENT CAUSE (S) primary site unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10 19 54 to May 4 ..., 19 54 that I last saw the deceased alive on May 4 ..., 19 54, and that death occurred at 3:50a.M, from the causes and on the date stated above.

SIGNATURE R. O. PECKINPAUGH LT,MC,USN ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 5-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF May 7, 1954 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) Arlington, (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 4 May 1954 REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR DEMAINE FUNERAL HOME ADDRESS 520 South Washington ST Alexandria, Va.

RECEIVED
MAY 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04657

4681 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
LENGTH OF STAY (in this place) 13 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 1615.2
STREET ADDRESS (If rural give location) 8122 14th Ave Langley Park

3. NAME OF DECEASED: (Type or Print) (First) Antoine (Middle) Louis (Last) Alaj
4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-21-81
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturer
10B. KIND OF BUSINESS OR INDUSTRY: Self-Thermo Banquet Ring Co
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Andrea Alaj
14. MOTHER'S MAIDEN NAME: Theodora Violi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sanitarium & Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
IMMEDIATE CAUSE (A) Acute Myocardial Infarction
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH 4 days.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1954, to May 25, 1954, that I last saw the deceased alive on May 24, 1954, and that death occurred at 6:25 A.M., from the causes and on the date stated above.

SIGNATURE Ernest A. Sasso M.D. ADDRESS 7006 New Hampshire Ave TAKOMA PARK, MD. DATE SIGNED 5/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF May 28, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Prince George County, Md

DATE REC'D BY LOCAL REGISTRAR 5-25-54
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW WC ADDRESS

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04658

4714

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural X
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47X-3
STREET ADDRESS (If rural give location) 1661 Crescent Place NW ✓

3. NAME OF DECEASED: (First) Adelbert (Middle) None (Last) ALTHOUSE
4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 5-23-69
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: William ALTHOUSE
14. MOTHER'S MAIDEN NAME: Marie SHAW
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW I II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife: Mrs. Lucy D. ALTHOUSE 1661 Creseent Place NW, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — 10 years
ANTECEDENT CAUSE (B) DUE TO Generilized Arteriosclerosis — 15 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10 1954 to May 17 1954 that I last saw the deceased alive on May 17 1954 and that death occurred at 5:00A M, from the causes and on the date stated above.
SIGNATURE S. R. Mills Jr
ADDRESS S. R. MILLS JR LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED 5-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 19 May 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 18 May 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS GAWLERS Funeral Home 1756 Pennsylvania Ave., NW Washington, D.C.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 20 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04659

4715

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural X
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington 83 X-3
STREET ADDRESS (If rural give location) 2016 N. Powhatan Street ✓

3. NAME OF DECEASED: (First) Theodore (Middle) Frederick (Last) ASCHERFELD
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 21 Nov 1905
9. AGE last birthday: 48 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Louis ASCHERFELD
14. MOTHER'S MAIDEN NAME: Blanche HUECHKERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Mrs. Mary ASCHERFELD (Wife) 2016 N. Powhatan St/ Arlington, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
191X IMMEDIATE CAUSE	(A) Metastatic sarcoma to lungs.	6 mo.
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Sarcoma, left gluteal region	2 years.
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Feb, 1954, to 15 May, 1954, that I last saw the deceased alive on 15 May, 1954, and that death occurred at 6:38 PM, from the causes and on the date stated above.

E. P. Thelen M.D.
ADDRESS: E. P. THELEN LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED: 5-19-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 18 May 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 19 MAY 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: R. A. PUMPHREY Funeral Home
ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
MAY 20 1954
BUREAU V. S.

Film#G167 Item# 7 6/14/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04660

4716

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X; STREET ADDRESS (If rural, give location) 1412 Dale Drive

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) MURDOCK (Last) BATES

4. DATE OF DEATH: (Month) (Day) (Year) 5-27-1954 19

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-26-1862

9. AGE last birthday: 92 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Natrona, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matthew Murdock

14. MOTHER'S MAIDEN NAME: Susan Kenniston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. John A. Baird

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	5 yrs
	(c) Hypertension, arterio-sclerotic	many years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1954, to May 26, 1954, that I last saw the deceased alive on May 26, 1954, and that death occurred at 1:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert S. Taylor M.D. 1150 Conn Ave, Washington DC May 27, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5-29-1954

NAME OF CEMETERY OR CREMATORY: St. Davids

LOCATION (City, town, or county) (State): Ardmore, Penna.

DATE REC'D BY LOCAL REG. 6-1-54

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Joseph Gawler Sons 1756 Pa. Ave. N.W. Wash. D.C.

VS. A15

RECEIVED
JUN 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 04661

4717

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4720 Drummond Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X
STREET ADDRESS (If rural give location) 4720 Drummond Avenue

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) L. (Last) BECK

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 9, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 7 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua Stoops
14. MOTHER'S MAIDEN NAME: Ann Lang

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Elsie M. Berkeley- Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute Cardiac failure
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral hemorrhage — 7 yrs.
DUE TO
(c) Arteriosclerosis — ok

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to May 14, 1954, that I last saw the deceased alive on May 14, 1954, and that death occurred at 6 pm, from the causes and on the date stated above.

SIGNATURE C. W. Culver (Degree or title) M D
ADDRESS 3781 Olin St N
DATE SIGNED May 15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/18/1954
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REGISTRAR 5/16/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MAY 18 19
BUREAU V. S.

04662

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4718

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 705 Sligo Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 705 Sligo Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) SALLIE SHAW BELFIELD

4. DATE OF DEATH: (Month) (Day) (Year) May 15 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated
8. DATE OF BIRTH Sept. 15, 1878
9. AGE last birthday 75 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): White Oak, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William E. Shaw
14. MOTHER'S MAIDEN NAME: Anna M. Fawcett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 2624 Providence Road Wm. Randolph Belfield, Charlotte, N. C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 avil

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 15 min.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized arteriosclerosis — years

DUE TO

(C) with cardiac irregularity — —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1952 to May 15, 1954, that I last saw the deceased alive on May 15, 1954 and that death occurred at 7:45 PM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 1919 Seminary Rd. Silver Spring Md. DATE SIGNED May 16 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 18, 1954
NAME OF CEMETERY OR CREMATORY Colesville Cemetery
LOCATION (City, town, or county) (State) Colesville, Montgomery, Md.

DATE REC'D BY LOCAL REGISTRAR 5-18-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MAY
BUREAU V. S.

Item 2 & 11 information taken form birth cert. cm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04663

CERTIFICATE OF DEATH

9682 Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY PG; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt 16-23-2; STREET ADDRESS (If rural give location) 4 R Laurel Hill Rd.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Bender

4. DATE OF DEATH: (Month) (Day) (Year) 5 20 1954

5. SEX: Male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 5-20-54 | 9. AGE last birthday yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours 6 Min. 55

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Takoma Pk, Montg. County | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert Walter Bender | 14. MOTHER'S MAIDEN NAME: Geraldine May Fedorchak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
769.0 IMMEDIATE CAUSE	(A) Anoxia - Atelectasis (neonatal)	7 hrs. 5 min.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Premature Separation of placenta	7 hrs 35 min.
	DUE TO (C) Preeclamptic Toxemia	6 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4:45 P.M. 5/19 1954, to 11:30 P.M. 5/19 1954, that I last saw the deceased alive on 5-20, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE Louis H. Woody Jr. M. D. ADDRESS 30 D Ridge Rd. Greenbelt Md. DATE SIGNED 5/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/22/54 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) (State) Bladensburg Md.

DATE REC'D BY LOCAL REGISTRAR 5-21-54 | REGISTRAR'S SIGNATURE J. Atkinson Dodd | 24. FUNERAL DIRECTOR Francis Hawkins | ADDRESS 3821-42 Bladensburg Rd. Wash. D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53 20542113955

MAY 24 1954
BUREAU V. S.

4719

MARYLAND STATE DEPARTMENT OF HEALTH

04664

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4523 Dorset Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4523 Dorset Ave

3. NAME OF DECEASED (Type or Print) (First) Alvin (Middle) Albrecht (Last) Bishop

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-26-1909
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY W. Gov. H Co.
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Erne Bishop
14. MOTHER'S MAIDEN NAME Maud Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Audrey Bishop (wife) Same as Item 11

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

973.1

Immediate cause (a) Carbon monoxide poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in auto

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-12-54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. 5/10/54
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 1400 Chapin St. N.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 1[illegible] 1954
BUREAU V. S.

Item 14 film G 166
5/24/54 cm

04665

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4720 # CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Potomac, Md., On River Rd. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47
STREET ADDRESS (If rural, give location) 3738 Military Rd., N.W.

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) D. (Last) BOND

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 23, 1860

9. AGE last birthday: 93 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: J.E. Dyer Groceries

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis J. Bond

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Louis F. Bond, 3738 Military Rd., N.W., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abscess of jaw

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to May 18, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 6.20 A m., from the causes and on the date stated above.

SIGNATURE Caryl Bernard (Degree or title) M.D. ADDRESS 1601 Eye St DATE SIGNED 5.18.54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 1954 — NAME OF CEMETERY OR CREMATORY: Oak Hill Cem — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. 5/18/54 — REGISTRAR'S SIGNATURE: Florence Thompson

24. FUNERAL DIRECTOR: Chevy Chase Funeral Home — ADDRESS: 5103 Wis. ave. N.W. Wash. D.C.

VS. A15

RECEIVED
MAY 20
BUREAU V.

MARYLAND 4721

04666

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 37 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural, give location) 300 Lynnbrook Drive

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) E (Last) Pond

4. DATE OF DEATH (Month) May (Day) 26 (Year) 19 54

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH June 19, 1930

9. AGE Last birthday 23 yrs. If under 1 year Months 11 Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert E. Pond

14. MOTHER'S MAIDEN NAME Fern Bulloch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service)

16. SOCIAL SECURITY No. 577-34-0702

17. INFORMANT AND ADDRESS medical record - Th. Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0

Immediate cause (a) Acute Lymphocytic Leukemia — Interval between onset and death 8½ mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia and pulmonary calcinosis

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 19 54, to May 26, 19 54, that I last saw the deceased alive on May 26, 19 54, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James F Holland MD ADDRESS The Clinical Center, National Institutes DATE SIGNED May 26, 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 5/29/54

NAME OF CEMETERY OR CREMATORY Parklawn

LOCATION (City, Town, or County) Rockville (State) Maryland

DATE REC'D BY LOCAL REG. 5/26/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Lumphrey ADDRESS Bethesda, Md.

RECEIVED
MAY 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 04667

4704 CERTIFICATE OF DEATH Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 N. Adams Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 107 N. Adams Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Darby (Last) BOWMAN

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 30, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 5 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate-self

11. BIRTHPLACE (State or foreign country): Barnesville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Bowman

14. MOTHER'S MAIDEN NAME: Jane Darby

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-46-8877

17. INFORMANT & ADDRESS: Evelyn W. Bowman-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral hemorrhage	5 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerotic cerebro-vascular disease	10 years
	(c) DUE TO Diabetes - age —	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardio-renal disease

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 54 to May 28, 19 54, that I last saw the deceased alive on May 17, 19 54, and that death occurred at 5:48 PM from the causes and on the date stated above.

SIGNATURE William Welch M.D. (Degree or title) ADDRESS Rockville DATE SIGNED May 28, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/31/1954 NAME OF CEMETERY OR CREMATORY Monocacy LOCATION (City, town, or county) (State) Beallsville Maryland

DATE REC'D BY LOCAL REGISTRAR June 2, 1954 REGISTRAR'S SIGNATURE Dorothy M. Jacobsen

24. FUNERAL DIRECTOR Roberts A. Humphreys ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 4 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04668

4722 CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 809 Silver Spring Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 809 Silver Spring Avenue

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) M (Last) Boyer

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Jan. 26, 1882	72 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Own home	Clearspring, Maryland	U.S.A.

13. FATHER'S NAME: Upton Weaver

14. MOTHER'S MAIDEN NAME: Mary Vance

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS
		Mr. Leo W. Boyer, 509 East Schuyler Rd. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Thrombosis	10 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Generalyzed Arteriosclerosis DUE TO	10 years
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
		—		

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
		—

22. I hereby certify that I attended the deceased from Jan. 10, 1940, to May 13, 1954, that I last saw the deceased alive on May 10, 1954, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): W. B. Wadson MD — ADDRESS: 837 Bonifant St. Silver Spring, Md. — DATE SIGNED: 5/13/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Entombment	5/15/54	Ft. Lincoln Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR: May 14/54 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

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BUREAU V. S.

04669

MARYLAND 4723

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (In this place) 35 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 1111 Midvale Rd.

3. NAME OF DECEASED (Type or Print): (First) LAURENCE (Middle) CONNORS (Last) Bradley
4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 11 1886
9. AGE last birthday: 67 yrs. | If under 1 year: Months 7 Days 1 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer / Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Various
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ? Bradley
14. MOTHER'S MAIDEN NAME: Grace Stark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) ?
16. SOCIAL SECURITY NO.: yes
17. INFORMANT AND ADDRESS: Mrs. Sarah V. Bradley - Kensington 1111 Midvale Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease — Interval between onset and death: 2 years.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) And Acute Pulmonary Edema.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY Ooccur?

Pt was transferred from Pvt care of Dr. M. Perry to Hosp Today

22. I hereby certify that I attended the deceased from May 1 2, 19 54, to May 12, 19 54, that I last saw the deceased alive on May 12, 19 54, and that death occurred at 11:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

DeWitt E. Dexter M.D. 8025 Aberdeen Rd. Bethesda 14. Md 5/12/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 5-15-54 | NAME OF CEMETERY OR CREMATORY: Glenwood | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 5/13/54 | REGISTRAR'S SIGNATURE: Bessie M. Thompson | 24. FUNERAL DIRECTOR: Robert M. Humphreys | ADDRESS: Bethesda, Md.

RECEIVED
MAY 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04670

9724

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Colesville; LENGTH OF STAY (In this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Good Hope Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville; STREET ADDRESS (If rural, give location) Good Hope Rd.

3. NAME OF DECEASED: (Type or Print) (First) Noah (Middle) M. (Last) Brown

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec. 30 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Malachi Brown

14. MOTHER'S MAIDEN NAME: Eliza Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause: (a) Uremia Coma — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last: (b) Hemiplegia Hypertension — Oct. 3, 53

DUE TO

(c) Cardiovascular Disease with Cort edema

442 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1946 to May 30, 1954., that I last saw the deceased alive on May 29, 1954, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE Melvin Lewellyn (DEGREE OR TITLE) Norbeck ADDRESS DATE SIGNED June 1 54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6-2-54

NAME OF CEMETERY OR CREMATORY Mangohic

LOCATION (City, town, or county) (State) King-Williams Co, Va.

DATE REC'D BY LOCAL REG. 6-2-54

REGISTRAR'S SIGNATURE Frances Golden

24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04671

4725 CERTIFICATE OF DEATH Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY MONTGOMERY COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 10 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8414 FLOWER AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING, MD.
STREET ADDRESS (If rural give location) 8414 FLOWER AVENUE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) NELSON (Last) BROWNING

4. DATE OF DEATH: (Month) May (Day) 22nd, (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: MARCH 22, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 2 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Policeman

10b. KIND OF BUSINESS OR INDUSTRY: PARK POLICE

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: WILLIAM SILAS BROWNING

14. MOTHER'S MAIDEN NAME: SARAH BROWNING

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) Spanish-American

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. ELLA A. BROWNING-8414 FLOWER AVENUE, SILVER SPRING, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung & Metastases — Interval Between Onset And Death: 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) to Mediastinum & neck. Malnutrition & Dehydration — 4 mo.
DUE TO (c) Bronchopneumonia — 1 wk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954 to May 22, 1954, that I last saw the deceased alive on 5/21/54, and that death occurred at 6:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lee R Parkinson M.D. 2901 So Dakota ave NE 5-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/25/1954 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) Arlington — (State) Va.

DATE REC'D BY LOCAL REGISTRAR 5-24-54 — REGISTRAR'S SIGNATURE Frances Tuttle

24. FUNERAL DIRECTOR ADDRESS Martin W. Hyson Co. 9300 N. St. N.W. Wash. 5, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

: 4726

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tampa
STREET ADDRESS (If rural give location) 6913 Highland

3. NAME OF DECEASED: (First) Ora (Middle) Marie (Last) BURCH
4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 9-9-18
9. AGE last birthday 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Finis W. MESSLEY
14. MOTHER'S MAIDEN NAME: Maude HULL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Husband: Mr. William J. BURCH NNMC, Bethesda, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X

IMMEDIATE CAUSE (A) DUE TO Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 May, 1954 to 31 May, 1954, that I last saw the deceased alive on 31 May, 1954, and that death occurred at 9:12P M, from the causes and on the date stated above.

SIGNATURE S. R. Mills Jr — ADDRESS — DATE SIGNED

S. R. MILLS, JR LT MC USN — U. S. Naval Hospital, NNMC, Bethesda, Maryland — 6-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3 June 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 2 June 1954
REGISTRAR'S SIGNATURE Mary E. Farrell
24. FUNERAL DIRECTOR AND ADDRESS P. A. PUMPHREY Funeral Home 7557 Wisconsin Ave., Bethesda, Md.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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4727

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2mo 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 900 N Daniel Street

3. NAME OF DECEASED: (First) Raymond (Middle) Roscoe (Last) BURROWS
4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 8-13-79
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plate Printer
10B. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frederick W. BURROWS
14. MOTHER'S MAIDEN NAME: Susanna PARKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) Spanish American Unknown
17. INFORMANT & ADDRESS: Mrs. Nellie C. BURROWS (Wife) 900 N Daniel St, Arlington, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ADRENAL HEMORRHAGE, RIGHT, MASSIVE — INTERVAL BETWEEN ONSET AND DEATH: 15 MINUTES

ANTECEDENT CAUSE (B) DUE TO: ARTERIOSCLEROSIS, GENERALIZED — 15 YEARS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: ADENOCARCINOMA, TRANSVERSE, COLON — 6 MONTHS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Feb, 19 54, to 19 May, 19 54, that I last saw the deceased alive on 19 May, 19 54, and that death occurred at 11:43 P.M., from the causes and on the date stated above.

SIGNATURE P.R. James — ADDRESS P. R. JAMES LT MC USN U. S. Naval Hospital, D.N.T.M.C., Bethesda, Maryland — DATE SIGNED 5-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 24 May 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 20 May 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR & ADDRESS: J. FITZGERALD Funeral Home, 3245 Wilson Blvd Arlington, Virginia

1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: 5728
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rurall
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Falls Church
STREET ADDRESS (If rural give location) 1414 Georges Lane

3. NAME OF DECEASED: (First) Louis (Middle) Dampier (Last) BUTLER
4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: January 25, 1924
9. AGE last birthday: 30 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Mississippi
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Deceased
14. MOTHER'S MAIDEN NAME: Carrie J. BUTTLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife: Mrs. Susan V. BUTLER 1414 Georges Lane Falls Church, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1a 3X IMMEDIATE CAUSE (A) Carcinoma, right lung — 1 yr.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: July 1953
19B. MAJOR FINDINGS OF OPERATION: Carcinoma, rt. lung
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 30, 1954, to May 8, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 6:40A M, from the causes and on the date stated above.

SIGNATURE M. L. Gerber — ADDRESS M. L. GERBER LCDR MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 5-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12 May 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 8 May 1954
REGISTRAR'S SIGNATURE: Mary C. Connelly
24. FUNERAL DIRECTOR: R. A. Pomphrey Funeral Home ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4683 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9115 Wire Ave. Silver Spring

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Ambrose (Last) Cannon
4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 1954

5. SEX: male
6. COLOR OR RACE: Amer.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify).
8. DATE OF BIRTH: 10-19-83
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 7 Days 5 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Proof Reader
10B. KIND OF BUSINESS OR INDUSTRY: Govt. Printing Office Govt. employee
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: John H. Cannon
14. MOTHER'S MAIDEN NAME: Mary J. Dugan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sant. + hosp. records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Hepatic Coma — 3 days

ANTECEDENT CAUSE (B) DUE TO Massive metastatic Carcinoma of liver — months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Carcinoma of left upper lobe of lung

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1954, to 5-25, 1954, that I last saw the deceased alive on 5-25, 1954, and that death occurred at 12:40 PM, from the causes and on the date stated above.

SIGNATURE Dr Vor K. Made M. D. ADDRESS Takoma Park 12, Md. DATE SIGNED 5-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5/28/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 5-28-54
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04676

4684 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Md. LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. COUNTY Fairfax
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 3519 Columbia Pike

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) none (Last) Christerson
4. DATE OF DEATH: (Month) 5 (Day) 12 (Year) 1954
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 2-28-84
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hsw f
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? V. S.
13. FATHER'S NAME: John C. Waldron
14. MOTHER'S MAIDEN NAME: Ruth McGee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 [illegible]

IMMEDIATE CAUSE (A) Rheumatic Mitral Disease, aurea fibrillata ?

ANTECEDENT CAUSE (S) DUE TO (B) Pneumonitis at right base + some I left 10 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Possible cerebral embolism 10 days

Old Rheumatic arthritis yes

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3/54, 1954, to 5/12/54, 1954 that I last saw the deceased alive on 5/12/54, 1954, and that death occurred at 9.05 P.M., from the causes and on the date stated above.

SIGNATURE Thos. H. Wolohn M. D. ADDRESS 5700 Underwood NW DATE SIGNED 5/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal DATE THEREOF 5/13/54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 5-14-54 REGISTRAR'S SIGNATURE J. Adrian Dodd 24. FUNERAL DIRECTOR C. P. Ives. ADDRESS Arlington, Va

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

1

RECEIVED
MAY 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04677

4729

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; HOSPITAL OR INSTITUTION OR STREET ADDRESS X; MARYLAND; LENGTH OF STAY (In this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Ruth	Ellen	Compher		May	27	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Married	7-3-1894	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Worker		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elsie Beall	Ida Beall Myles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	no		Erwin Beall (Brother) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History of previous heart attacks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
			m.			

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart M.D		Hagerstown Md	5-27-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-29-54	Menocacy Cemetery	Barnesville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-28-54	Charles W. Elgin per DE	Wm. B. Hilton	Barnesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUN 2 . .
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 04678

4730

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3303 Cocquelin Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 3303 Cocquelin Terrace

3. NAME OF DECEASED: (Type or Print) (First) Gerald (Middle) Carlton (Last) COPPINS

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 16, 1904

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months 16 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Director

10b. KIND OF BUSINESS OR INDUSTRY: Am. Truck. Assn.

11. BIRTHPLACE (State or foreign country): Hudson, Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Asa Coppins

14. MOTHER'S MAIDEN NAME: Jane Gillette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Mrs. Mary M. Coppins-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9

Immediate cause (a) Metastatic adenocarcinoma, primary site unknown — Interval Between Onset And Death: 6 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 8, 1954

19b. MAJOR FINDINGS OF OPERATION Hepatic metastases from mucus-secreting adenocarcinoma - primary site unknown

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Chevy Chase (COUNTY) Montgomery (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1954, to May 30, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jason Geiger, M.D. ADDRESS 931 Pershing Drive - Silver Spring, Md. DATE SIGNED 5-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6/3/1954

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 6/1/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberta A. Pumphrey ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUN 3 1954
BUREAU V. S.

4731

04679

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 214

Items 3,23 film G166 6/7/54 cm

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Monty — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING — MARYLAND — LENGTH OF STAY (In this place): 4 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS: MAPLE LANE SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington — COUNTY: DC. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — STREET ADDRESS (If rural, give location): 6902 - 5th St. N.W

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	REBECCA	E. W.	CARSON		MAY	29	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W.	Single	Aug 3, 1871	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress — 10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Edward Carson — 14. MOTHER'S MAIDEN NAME: Hannah Howell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service): — 16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs T.K. Burrows 6902-5th St. NW Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ACUTE MYOCARDITIS

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NONE			m.		

22. I hereby certify that I attended the deceased from SEPT 3, 1950, to MAY 29, 1954, that I last saw the deceased alive on MAY 29, 1954, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henderson Souder	M.D	5206 NORWAY PL. CHEVY CHASE, MD.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 1, 1954	Fort Lincoln Cemetery	Prince Georges County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-1-54	Frances Carter	Gawler Sellers	254 Carroll St. NW. Takoma Park 12, D.C.

RECEIVED
JUN 3 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04680

4732

CERTIFICATE OF DEATH

Reg. Dist. No. 216 (Parents)

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 6626 Hillendale Rd.

3. NAME OF DECEASED: (Type or Print) (First) Michele (Middle) (Last) Cotier
4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 4, 1954
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 1 IF UNDER 24 HRS.: Hours 5 Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence Thomas Cotier
14. MOTHER'S MAIDEN NAME: Mary Margaret Trail

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mr. Lawrence T. Cotier, 6626 Hillendale Rd. Chevy Chase Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Obstetric

ANTECEDENT CAUSE (B) DUE TO Prematurity

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1954, to May 5, 1954, that I last saw the deceased alive on May 5, 1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 8810 [illegible] DATE SIGNED 5/6/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/11/1954
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR: 5/8/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

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RECEIVED
MAY 1C
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04681

: 4685 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 4 yrs. 6 mos. 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 110 Summerfield Street

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Rose (Last) Court

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH. Oct. 6, 1861

9. AGE last birthday 92 yrs
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Childs Nurse

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent, England

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John Court

14. MOTHER'S MAIDEN NAME: Fanny Howe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: one week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Congestive Cardiac Failure — two mos.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Asthma

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13, 1949, to 5-14, 1954, that I last saw the deceased alive on 5-14, 1954, and that death occurred at 9:40A M, from the causes and on the date stated above.

SIGNATURE Robert A Tare M. D. ADDRESS Takoma Park, Md. DATE SIGNED 5/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF May 17 1954 — NAME OF CEMETERY OR CREMATORY Glenwood Cem. — LOCATION (City, town, or county) (State) Washington D. C

DATE REC'D BY LOCAL REGISTRAR 5-14-54 — REGISTRAR'S SIGNATURE J. Wilmer Dodd — 24. FUNERAL DIRECTOR C P Owen — ADDRESS Arlington, Va

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4705 04682

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 401 Blandford St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 401 Blandford St.,

3. NAME OF DECEASED: (Type or Print) (First) Carolyn (Middle) Frances (Last) Cox

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12-1-53
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 6 Days 2 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence David Cox
14. MOTHER'S MAIDEN NAME: Priscilla Ann Crockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mother - Item # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO: myocardial failure + dilatation

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Congenital heart disease - dextra cardia patent foramen ovale

(C) single ventricle, pulmonary stenosis.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1 , 1953, to 5-3 , 1954 that I last saw the deceased alive on May 2 , 1954, and that death occurred at 2: A M, from the causes and on the date stated above.

SIGNATURE M.D. Ruth Standard
ADDRESS Washington San + Hospital
DATE SIGNED May 5, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 5-5-54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 5/5/54
REGISTRAR'S SIGNATURE Dorothy Jocelyn
FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Beth., Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53 20V32344415

RECEIVED
MAY 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 04683

4733 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7105 Fairfax Road	STREET ADDRESS (If rural give location) 7105 Fairfax Road

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) May (Last) Curran

4. DATE OF DEATH: (Month) May (Day) 14, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Feb. 23, 1876	78 yrs.	2	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Virginia	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Wheeler	Ellen Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		None	Mrs Catherine ..ise- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 - 20

Immediate cause (a) Myocardial failure

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease

DUE TO

(c) Arteriosclerosis [illegible]

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1954, to May 14, 1954, that I last saw the deceased alive on May 14, 1954, and that death occurred at 9.25 A.M. 5/14/54, from the causes and on the date stated above.

SIGNATURE [illegible] Norton (Degree or title) M.D. ADDRESS 4711 [illegible] Ave Bethesda Md. DATE SIGNED 5/14/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-17-54	Holy Rude	Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 5/16/54 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 15 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH ~~BALTIMORE, MD.~~ 04684

4734

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chevy Chase
LENGTH OF STAY (in this place): 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5609 Grove Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chevy Chase
STREET ADDRESS (If rural give location): 5609 Grove Street

3. NAME OF DECEASED: (Type or Print) (First) CHRISTIE (Middle) (Last) DAVIES

4. DATE OF DEATH: (Month) May (Day) 1, (Year) 19 54

5. SEX: Ferale

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 27, 1868

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months 7, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Gov't-Clerk-Ret.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Davies

14. MOTHER'S MAIDEN NAME: Elizabeth Kirkwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Margaret D. Davies (Sister) 5609 Grove St., Ch.Ch., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Congestive Heart Failure	7-10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arterio Sclerotic Heart Disease	10 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

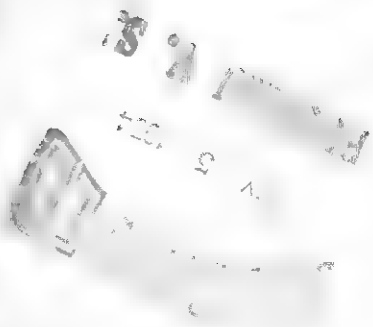
22. I hereby certify that I attended the deceased from April, 1950, to May 1, 1954, that I last saw the deceased alive on May 1, 1954, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John O. Schuler, M.D. — ADDRESS: 1716 R.I. Ave N.W. — DATE SIGNED: May 1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/4/54 — NAME OF CEMETERY OR CREMATORY: Congressional Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: 5/3/54 — REGISTRAR'S SIGNATURE: Bernice M. Thompson — 24. FUNERAL DIRECTOR: Robert H. Dunphey — ADDRESS: Bethesda, Md.

VS. A15



04685

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4735

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 3md 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cur. 1.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 23X-2
STREET ADDRESS (If rural give location) 6802 Windsor Mill Road

3. NAME OF DECEASED: (First) Earle (Middle) Mapp (Last) DAVIS
4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 17, 1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Edward DAVIS
14. MOTHER'S MAIDEN NAME: Margaret NOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife: Mrs. Lillie T. DAVIS 6802 Windsor Mill Rd, Baltimore 7, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Hypertension, Malignant — 3 months

(C) Nephrosclerosis — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 19 54 to 8 May, 19 54 that I last saw the deceased alive on 8 May, 19 54, and that death occurred at 6:55A M, from the causes and on the date stated above.

SIGNATURE: Stroud Jr.
ADDRESS: C. S. STROUD JR CDR MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED: 5-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12 May 1954
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8 May 1954
REGISTRAR'S SIGNATURE: Mary E. Connelly
24. FUNERAL DIRECTOR: WITZKE Funeral Home ADDRESS: 4101 Edmondson Ave., Baltimore, Maryland

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BUREAU V. S.

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4736

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. #214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2026 Glen Ross Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Georgia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baconton
STREET ADDRESS Georgia (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) NELLIE AUGUSTA DAVIS
4. DATE OF DEATH (Month) (Day) (Year) May 19 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 1, 1874
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker - Own Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baconton, Georgia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME George W. Jackson
14. MOTHER'S MAIDEN NAME Eulalia Peacock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Caldwell Davis, 2026 Glen Ross Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	6 d.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 May 1954 to 19 May 1954, that I last saw the deceased alive on 19 May, 1954, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE William D Lund - MD (Degree or title) ADDRESS Silver Spring Md DATE SIGNED 19 May 54

23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial
DATE THEREOF 5/20/54
NAME OF CEMETERY OR CREMATORY Mt. Ennon Cemetery
LOCATION (City, town, or county) (State) Baconton, Georgia

DATE REC'D BY LOCAL REG. 5/21/54
REGISTRAR'S SIGNATURE Frances [illegible]
24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 26 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04687

4686 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 908 Phila. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1629 Columbia Rd. N.W.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H. (Last) Davis.
4. DATE OF DEATH: (Month) May (Day) 5, (Year) 1954.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH: Apr. 14, 1869
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Printer
10b. KIND OF BUSINESS OR INDUSTRY: G.P.O.
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William H. Davis
14. MOTHER'S MAIDEN NAME: Sarah Wills.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unknown.
17. INFORMANT & ADDRESS: Elizabeth A Jennings 1629 Col. Rd. N.W.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Acute uremic poisoning DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arterio-sclerosis DUE TO

(c)

Interval Between Onset And Death: 2 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29, 1952, to May 5, 1954, that I last saw the deceased alive on May 4, 1954, and that death occurred at 3:30 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Bittle, M.D. ADDRESS 6911 5th St. N.W. Washington DC DATE SIGNED May 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/7/54
NAME OF CEMETERY OR CREMATORY Wash. National
LOCATION (City, town, or county) Suitland, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 5-5-54
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR W.W. Chambers Co., ADDRESS Riverdale, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1954
BUREAU V. S.

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4687

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring;
STREET ADDRESS (If rural, give location) 8427 Queen Anne's Drive

3. NAME OF [redacted] (Type or Print): (First) Leslie (Middle) J (Last) Lietz

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, (WIDOWED), DIVORCED, (Specify)

8. DATE OF BIRTH: March 5 1877

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli Scott

14. MOTHER'S MAIDEN NAME: Mary A. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wash. San. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial Hemorrhage — Interval Between Onset and Death: 14 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic heart disease — 15 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1954 to May 24, 1954 that I last saw the deceased alive on May 23, 1954 and that death occurred at 9:55 a.m., from the causes and on the date stated above.

SIGNATURE [redacted] (Degree or title) ADDRESS 3200-16 St. NW DATE SIGNED 5-24-54

Longanecker Memorial Hosp. Md. Work Dr.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5-26-54 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. | LOCATION (City, town, or county) (State) Bladensburg, Md.

DATE REC'D BY LOCAL REG. 5-24-54 | REGISTRAR'S SIGNATURE J. Hilton Dodd

24. FUNERAL DIRECTOR ADDRESS Deal Funeral Home Washington, D.C.

MAY 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04689

9737

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Wesley (Last) Dodd III

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5.9.54

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 1 Min. 33 min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Newborn

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Wesley Dodd Jr

14. MOTHER'S MAIDEN NAME: Edith Lorraine Shorts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776.X

Immediate cause (a) Gross Prematurity (2# 4 oz) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1½ hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9 ..., 1954, to 5/10 ..., 1954, that I last saw the deceased alive on 5/9 ..., 1954, and that death occurred at 12:05a ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

5/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 10 54 NAME OF CEMETERY OR CREMATORY Forest Oak LOCATION (City, town, or county) (State) Gaithersburg Md

DATE REC'D BY LOCAL REGISTRAR 5-10-54 REGISTRAR'S SIGNATURE Evelinda B Fowler

24. FUNERAL DIRECTOR Roy W Barber ADDRESS Laytonsville Md

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VS. A15

RECEIVED
MAY 13 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

4738

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) (Last) Dorsey

4. DATE OF DEATH (Month) May (Day) 18 (Year) 1954

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 16, 1917
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Claggett
14. MOTHER'S MAIDEN NAME Effie Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-18-8463
17. INFORMANT AND ADDRESS Mrs Mae M. Dorsey (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension (c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/22/54 NAME OF CEMETERY OR CREMATORY Church Cemetery LOCATION (City, town, or county) Emory Grove Mont. (State) Md.

DATE REC'D BY LOCAL REG. May 22, 1954 REGISTRAR'S SIGNATURE Alfreda G. Cooke
24. FUNERAL DIRECTOR Robert L. Snauden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MAY 2:
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

04691

4739

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
LENGTH OF STAY (In this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS 3212 (If rural, give location) 7th St. N.E

3. NAME OF DECEASED (Type or Print) (First) M. (Middle) Charles (Last) Dorsey
4. DATE OF DEATH (Month) May (Day) 2 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1-19-1882
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Somerfield Dorsey
14. MOTHER'S MAIDEN NAME MARCELLA Jacobs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-10-0773
17. INFORMANT AND ADDRESS Thomas Dorsey (son) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-2-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF May 5/54
NAME OF CEMETERY OR CREMATORY St. Peter's Cem.
LOCATION (City, town, or county) (State) Livertytown Md

DATE REC'D BY LOCAL REG. 5-5-54
REGISTRAR'S SIGNATURE Lillie Burdette Cm
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th St. NW. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

Item 18 Film #167B 6/24/54 ams

04692

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9740

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 9mo 5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME.) OF DECEASED:
STATE Virginia COUNTY 83X-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location) 2505 South First Street

3. NAME OF DECEASED: (First) Richard (Middle) A. (Last) DREW
4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-5-32
9. AGE last birthday 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph L. DREW
14. MOTHER'S MAIDEN NAME: Grace RIDGELY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korea
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Father: Mr. Joseph L. DREW 2505 S. 1st St, Arlington, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

IMMEDIATE CAUSE (A) Brain tumor, mesencephalon, — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (B) DUE TO Malignant pinealoma

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 10-21-53 and 1-25-54
19B. MAJOR FINDINGS OF OPERATION: Evidence of midbrain tumor
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Aug., 1953, to 24 May, 1954, that I last saw the deceased alive on 24 May, 1954, and that death occurred at 7:15P M, from the causes and on the date stated above.

SIGNATURE E. P. Thelen — ADDRESS — DATE SIGNED 5-26-54

E. P. THELEN LCDR MC USN — U.S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 28 May 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 25 May 1954
REGISTRAR'S SIGNATURE: Mary L. Farrelly
24. FUNERAL DIRECTOR: MC GUIRE Funeral Home
ADDRESS: 1320 9th Street Washington, D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04693

4688

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Md. LENGTH OF STAY (in this place) 78 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wash. D.C.
STREET ADDRESS (If rural give location) 4419 Que St. N.W. Wash. D.C.

3. NAME OF DECEASED: (Type or Print) (First) Naomi (Middle) — (Last) Drummond

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: April 30 - 1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York state
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Swift
14. MOTHER'S MAIDEN NAME: Amanda Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Wash. San & Hosp. records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	BRONCHOPNEUMONIA	5-6 DAYS
ANTECEDENT CAUSE (S)	DUE TO (B)	CEREBRAL THROMBOSIS	2 WKS.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. X60X	DUE TO (C)	GENERALIZED ARTERIOSCLEROSIS.	5-6 YRS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DIABETES MELLITUS. 10 YRS +

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 2, 1954, to MAY 19, 1954, that I last saw the deceased alive on MAY 19, 1954, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

SIGNATURE Harold Sterling M.D. ADDRESS 2100 Connecticut Ave. DC DATE SIGNED MAY 19, 1954

23. BURIAL, CREMATION, [illegible] DATE THEREOF 5/21/54 NAME OF CEMETERY OR CREMATORY Old English Reformed LOCATION (City, town, or county) Ridgefield N.J. (State)

DATE REC'D BY LOCAL REGISTRAR 5-19-54 REGISTRAR'S SIGNATURE J. Nelson Dodd 24. FUNERAL DIRECTOR Jos. Gaubert [illegible] ADDRESS [illegible] Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
MAY [illegible] 1904
BUREAU V. S.

04694

MARYLAND 4706

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 703 Gail Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 703 Gail Drive

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) P. (Last) ENGLISH

4. DATE OF DEATH (Month) May (Day) 1, (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 12-18-'73

9. AGE last birthday 80 yrs. If under 1 year Months 4 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Grocer

10b. KIND OF BUSINESS OR INDUSTRY Self Emp.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James T. English

14. MOTHER'S MAIDEN NAME Elizabeth Luckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs M.H.Helm- 9 Dale Drive Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1941 Immediate cause (a)	Pulmonary Edema	30 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Progressive Inferior Vena Cava Thrombosis	48 hrs
(c)	Intraabdominal Malignancy c̄ metastases - generalized	6 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to 5/1/, 1954, that I last saw the deceased alive on 5/1/, 1954, and that death occurred at 8:48P. m., from the causes and on the date stated above.

SIGNATURE Stephen N. Jones (Degree or title) MD ADDRESS Rockville Md DATE SIGNED 5/3/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-4-54
NAME OF CEMETERY OR CREMATORY St. Marks
LOCATION (City, town, or county) Highland, Maryland (State)

DATE REC'D BY LOCAL REG. 5/7/54
REGISTRAR'S SIGNATURE Dorothy Jacobson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

E.T.

RECEIVED
MAY 7 19
BUREAU V. S.

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MARYLAND

4689

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery 7400 Baltimore Ave MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 10 | LENGTH OF STAY (in this place) 39 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7400 Baltimore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 1
STREET ADDRESS (If rural, give location) 7400 Baltimore Avenue

3. NAME OF DECEASED (Type or Print) (First) Elbert (Middle) Lloyd (Last) Finn.
4. DATE OF DEATH (Month) May (Day) 15, (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 7, 1874
9. AGE last birthday 79 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Government Employee
10b. KIND OF BUSINESS OR INDUSTRY Retired Government
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Charles C. ~~Floyd~~ Finn
14. MOTHER'S MAIDEN NAME Elmeda Floyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Belinda Shelton Finn, 7400 Baltimore Ave. T.P. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) (b) arterio-sclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —

INTERVAL BETWEEN ONSET AND DEATH: 10 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1953 to May 15, 1954 that I last saw the deceased alive on May 15, 1954 and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED MAY 15 1954
[signature] MD. 6911 5th St. N.W. Washington, D.C.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 18th 1954
NAME OF CEMETERY OR CREMATORY George Washington Cemetery
LOCATION (City, town, or county) Prince Georges County (State) Md.
DATE REC'D BY LOCAL REG. 5-15-54
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW. D.C.

MARGIN RESERVED FOR BINDING

M

I

MAY 17 1954

BUREAU V. S.

04696

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4741

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 303 N. Irving Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Claire (Middle) Ruth (Last) FONTANA
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH 28 June 1912
9. AGE last birthday 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank LOCKWOOD
14. MOTHER'S MAIDEN NAME: Mamie CROCKETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) 1936-39
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Husband: Mr. Paul J. FONTANA 303 N. Irving St., Arlington, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

19-X

IMMEDIATE CAUSE (A) Astrocytoma, left cerebrum — INTERVAL BETWEEN ONSET AND DEATH 20+ months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Oct 15 1952
19B. MAJOR FINDINGS OF OPERATION Brain tumor, left frontal lobe.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1954 to 15 May, 1954, that I last saw the deceased alive on 15 May, 1954, and that death occurred at 1:02A M, from the causes and on the date stated above.

SIGNATURE E. P. Thelen. E. P. THELEN LCDR MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland — ADDRESS — DATE SIGNED 5-15-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 18 May 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 15 May 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR FITZGERALD Funeral Home ADDRESS 3245 Wilson Blvd, Arlington, Virginia

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 19 19
BUREAU V.

9742

04697
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7102 Oakridge Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 7102 Oakridge Ave.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) GRAHAM (Last) FOSTER

4. DATE OF DEATH (Month) May (Day) 26, (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Nov. 27, 1[illegible] | 9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR: Months 3 Days 29 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Pathologist | 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt | 11. BIRTHPLACE (State or foreign country): Mississippi | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jesse G. Foster

14. MOTHER'S MAIDEN NAME: Sally Madison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Dorothy V. Foster-Ite[illegible] 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brockhurst M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/[illegible]/1954 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 5/26/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR ADDRESS Robert A. Pumphrey Bethesda, Md.

RECEIVED
MAY 23 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04698

4707

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
   LENGTH OF STAY (in this place) 3 months
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Lodge Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland — COUNTY Mont.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
   STREET ADDRESS (If rural give location) 5620 Grove St.

3. NAME OF DECEASED: (First) Minnie (Middle) McMillan (Last) FOURCHY

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: October 1861

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): INDIANA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James McMillan

14. MOTHER'S MAIDEN NAME: Minerva Foote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: The portland herself.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Hypertensive cerebral Accident	1/2 hour.
Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic cerebral disease	Many years
	DUE TO (c) Essential Hypertension	Many years
331X		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes.	Many years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1954, to May 30, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 3:40 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Allen Keith M.D. — ADDRESS Rockville — DATE SIGNED 5/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-2-54 — NAME OF CEMETERY OR CREMATORY Oak Hill — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR June 1, 1954 — REGISTRAR'S SIGNATURE Dorothy M. Jacobson — 24. FUNERAL DIRECTOR Robert D. Humphrey — ADDRESS Bethesda, Md.

VS. A15

RECEIVED
JUN 4 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04699

4690

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park; LENGTH OF STAY (In this place): 1 hr. 25 min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Sanit. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs; STREET ADDRESS (If rural, give location): Edelblut Dr., Burnt Mills Hills

3. NAME OF DECEASED (Type or Print): (First) Mr. Erik (Middle) Emil (Last) Friberg

4. DATE OF DEATH: (Month) May (Day) 26, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 7-4-81

9. AGE last birthday: 72 yrs. If under 1 year: Months 10, Days 22, If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Instrumental Maker

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Erik Anderson

14. MOTHER'S MAIDEN NAME: Kristina Pierson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: yes-

17. INFORMANT AND ADDRESS: Washington Sanit. + Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) 420.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Brockhurst M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 5-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial ✓ DATE THEREOF: 5-28-54 NAME OF CEMETERY OR CREMATORY: Parklawn LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG. 5-27-54 REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR: Robert H. Pumphrey ADDRESS: Bethesda, Md.

VS. A15A

RECEIVED
JUN 1
BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04700

4743 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) R.F.D #3

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) ARMSTRONG (Last) GASSAWAY

4. DATE OF DEATH: (Month) MAY (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 2/22/87

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Work

10B. KIND OF BUSINESS OR INDUSTRY: Feed and GRAIN

11. BIRTHPLACE (State or foreign country): DARNESTOWN, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander GASSAWAY

14. MOTHER'S MAIDEN NAME: Betty Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes give war or dates of service) World War I

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Alice Gassaway

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X

IMMEDIATE CAUSE (A) Extrathoracic hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Dissecting Aneurysm, ruptured Aorta — 4 days

DUE TO (C) Atherosclerosis, aorta — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive cardiovascular Disease — 2 years

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1954 to May 27, 1954, that I last saw the deceased alive on 27 May, 1954, and that death occurred at 7:05 P.M, from the causes and on the date stated above.

SIGNATURE John E Fawcett M. D. ADDRESS Boyd md. DATE SIGNED 29 May 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-31-54	Darnestown Church Cem.	Darnestown, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/1/54	Bessie M Thompson	Robert C Pumphrey	Bethesda, Md.

RECEIVED
JUN 3 1954
BUREAU V. S.

Item 8 film MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04701

G 166 5/25/54:cm 691 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 4 ½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp

2. USUAL RESIDENCE (HOME.) OF DECEASED:
STATE D C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 614 Maddison st. NW. ✓

3. NAME OF DECEASED: (Type or Print) (First) Bernhard (Middle) — (Last) Goldberg —

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Hebrew

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 6-12-1898

9. AGE last birthday: 57 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk

10B. KIND OF BUSINESS OR INDUSTRY: Library of Congress

11. BIRTHPLACE (State or foreign country): Latvia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.

15. SOCIAL SECURITY NO.

(If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

.43X

IMMEDIATE CAUSE (A) Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive Cardiovascular Disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Summer, 1952, to May 5, 1954, that I last saw the deceased alive on May 5, 1954, and that death occurred at 1. P. M, from the causes and on the date stated above.

SIGNATURE Robert L. Strickman ADDRESS Silver Spring M.D. 7896 Georgia Avenue Md DATE SIGNED May 5 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/9/54

NAME OF CEMETERY OR CREMATORY Adas Israel

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 5-6-54

REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR B. Danzansky & Son

ADDRESS 3501-14th St. N.W. Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 10 1954
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04702

4741

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney — LENGTH OF STAY (in this place) 22 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Derwood
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.	STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Brooke (Last) Green

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5/30/69

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles H. Brooke

14. MOTHER'S MAIDEN NAME: Anna Farquhar

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Melanotic Carcinoma Right arm. — Interval Between Onset And Death: 18 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) General Metastasis — 6 mos

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 3/1/54

19b. MAJOR FINDINGS OF OPERATION: Excision Gland Right Axilla

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ — (CITY OR TOWN) ✓ (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Oct. 1, 1953 to May 18, 1954, that I last saw the deceased alive on ..... 19..., and that death occurred at 5:25 A.M. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 5-18-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-20-54 — NAME OF CEMETERY OR CREMATORY Friends Meeting House — LOCATION (City, town, or county) Sandy Spring (State) Md

DATE REC'D BY LOCAL REGISTRAR May 18-54 — REGISTRAR'S SIGNATURE Gertrude B Lawler — 24. FUNERAL DIRECTOR Robert A. Humphrey — ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04703

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4745

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Col. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3112 North Hampton St. N.W.

3. NAME OF DECEASED (Type or Print) (First) FRANCES (Middle) BALL (Last) GWYNN
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1954
5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug. 10, 1884
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10B. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: FRANCIS BALL
14. MOTHER'S MAIDEN NAME: Mary Bainbridge May
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Fred D. Gwynn - 3112 North Hampton N.W. Wash., DC

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Myocardial infarction — 3+ days

ANTECEDENT CAUSE (S) DUE TO (B) Coronary atherosclerosis & thrombosis — 2+ yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatic mitral & aortic disease — 40+?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to May 16, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 1:30 P M, from the causes and on the date stated above.

SIGNATURE A. H. Richwine, MD M. D. ADDRESS 5522 Western Ave Ch. Ch. 15 Md. DATE SIGNED 17 May 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 5-18-54
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Suitland, Md (State)
DATE REC'D BY LOCAL REGISTRAR 5/17/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Joseph Gawlers Sons
ADDRESS 1756 Va. Ave N.W.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
MAY 19 1
BUREAU V. S.

04704

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4746

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 1224 N. Powhatan Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Elizabeth (Last) HALLIBURTON

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 10 May 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 4 Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert L. HALLIBURTON

14. MOTHER'S MAIDEN NAME: Sara M. MC KENZIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father: Mr. Robert L. HALLIBURTON 1224 N Powhatan St, Arlington, Virginia

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Atelectasis	1 hr.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Meningomyelocoele DUE TO	4 days
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 May, 19 54, to 14 May, 19 54, that I last saw the deceased alive on 14 May, 19 54 and that death occurred at 7:04A M, from the causes and on the date stated above.

SIGNATURE P. G. HOVEMAN LT MC USN — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 5-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 17 May 1954

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 14 May 1954

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: IVES Funeral Home — ADDRESS: 2841 Wilson Blvd Arlington, Virginia

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20543944274

1964
...EAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04705

CERTIFICATE OF DEATH

4747 Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban #0

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase,
STREET ADDRESS (If rural give location) 5712 Warwick Place

3. NAME OF DECEASED: (First) Edna (Middle) Irma (Last) Hannaum (Type or Print)

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: April 26, 1910 | 9. AGE last birthday 44 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): New York | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lomatius Elkan | 14. MOTHER'S MAIDEN NAME: Ella Truman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: George F Hannaum.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary thrombosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8, 1954, to 5/10, 1954, that I last saw the deceased alive on 5/10, 1954, and that death occurred at 7:15 P M, from the causes and on the date stated above.

SIGNATURE Dr Joseph Tumulty M.D. ADDRESS 6540 Wisconsin Ave, Bethesda, Md DATE SIGNED 5/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/12/1954 | NAME OF CEMETERY OR CREMATORY Parklawn | LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 5/12/54 | REGISTRAR'S SIGNATURE Bessie Hutchinson | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1954
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04706

4748 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53 20543114437

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexanderia
STREET ADDRESS (If rural give location) 522 North Imboden Street

3. NAME OF DECEASED: (First) Richard (Middle) Stanley (Last) HARDEN

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 4 May 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William P. HARDEN

14. MOTHER'S MAIDEN NAME: Roberta LAWRENCE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. — —

17. INFORMANT & ADDRESS: Husband: Mr. William P. HARDEN 522 N Imboden St, Alexanderia, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Atelectasis, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 1day

ANTECEDENT CAUSE (B) DUE TO Immaturity

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 May, 1954 to 5 May, 1954 that I last saw the deceased alive on 5 May, 1954, and that death occurred at 6:13a M, from the causes and on the date stated above.

SIGNATURE T. E. Cone ADDRESS T. E. CONE CDR MC USN U.S.Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 4-6-57

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 10 May 1954 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 6 May 1954 REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
MAY 10 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04707

4749

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mundy Point
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) George (Middle) Downing (Last) HATCH
4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-22-35
9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: George HATCH
14. MOTHER'S MAIDEN NAME: Nettie ASHMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes (If Yes, give war or dates of service) Korea
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S ADDRESS: Father: Mr. George HATCH Mundy Point, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE 16 X
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(A) DUE TO Malignant teratoma of the anterior mediastinum with metastases
(B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH: 3 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3/8/54
19B. MAJOR FINDINGS OF OPERATION: Disseminated metastatic malignancy
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Apr, 19 54 to 9 May, 19 54; that I last saw the deceased alive on 9 May, 19 54, and that death occurred at 1:10P M, from the causes and on the date stated above.
SIGNATURE W. C. Davis
ADDRESS W. C. DAVIS LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED 5-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal Burial
DATE THEREOF: 12 May 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 10 May 1954
REGISTRAR'S SIGNATURE: Mary E. Connelly
24. FUNERAL DIRECTOR: R. A. PUMPHREY Funeral Home
ADDRESS: 7557 Wisconsin Ave, Bethesda, Maryland

RECEIVED
MAY 12 1954
BUREAU V. E.

4750 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04708

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett Park
STREET ADDRESS (If rural give location) 4415 Strathmore Avenue

3. NAME OF DECEASED: (Type or Print) (First) Stefanie (Middle) Marie (Last) Hatzes
4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 12, 1954
9. AGE last birthday: ——— yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Montgomery County General Hospital
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Louis Hatzes
14. MOTHER'S MAIDEN NAME: Maybu Harang Renaud

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Robert L. Hatzes 4415 Strathmore Avenue, Garrett Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastro-intestinal hemorrhage — Interval Between Onset And Death 24 hrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Immaturity

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1954, to May 14, 1954, that I last saw the deceased alive on May 13, 1954, and that death occurred at 10:31 AM, from the causes and on the date stated above.

SIGNATURE Richard A. Yates (Degree or title) M.D. ADDRESS Olney, Md. DATE SIGNED 5/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-18 54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington Co (State) Va

DATE REC'D BY LOCAL REGISTRAR 5-14-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert A. Tumphrey ADDRESS Bethesda Md.

2054233291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1954
BUREAU V.

4751 MARYLAND STATE DEPARTMENT OF HEALTH ~~BALTIMORE, 18~~ 04709

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 107 Northbrook Lane

3. NAME OF DECEASED: (Type or Print) (First) SEPPIE (Middle) C. (Last) HAYNE

4. DATE OF DEATH: (Month) (Day) (Year) May 8, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 4, 1886
9. AGE last birthday: 68 yrs. If under 1 year: Months 0 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel Johnson
14. MOTHER'S MAIDEN NAME: ? Mooney

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Robert L. Hayne- Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 3 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 5 YRS

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to May, 1954, that I last saw the deceased alive on May 8, 1954 and that death occurred at 9:10 A., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD
ADDRESS 8016 Georgetown Rd
DATE SIGNED 5/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 5-11-54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/8/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 1954
BUREAU V. S.

04710

4752

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: Montg — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown. Rural

LENGTH OF STAY (in this place): 80yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montg

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown

STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Genevieva	Boland	Hickerson	5	29	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	Mar 4, 1871	83 yrs.	2	25		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Wife	None Work	Virginia.	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William F. Boland	Emma Poole

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Henry Hickerson. Germantown. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset and Death
Immediate cause	(a)	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Congestive Heart Failure	8 hours
	DUE TO (c) Emphysema Asthma, Bronchial	5 years 15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ..., 19..., to May 29, 19..., that I last saw the deceased alive on May 29, 19..., and that death occurred at 5:30 P.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Kenneth Peter, M.D.	Germantown.	May 29, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-31-54	St Rose,	Clopper. Md,

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 30, 1954	Ahnda L Cook	Ernest C. Gartner.	Gaithersburg. Md

RECEIVED
JUN 2 1954
BUREAU V. S.

4753 MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 04711

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 7½ mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Foundation "Sharon" 60 inc

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5112 Moorland Lane

3. NAME OF DECEASED: (Type or Print) (First) MILDRED (Middle) O (Last) HILL

4. DATE OF DEATH: (Month) May 6, (Day) 1954 (Year) 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 23, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: Housewife.
11. BIRTHPLACE (State or foreign country): Baltimore - Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis S. Caldwell
14. MOTHER'S MAIDEN NAME: Fannie Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: patient

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

153X
Immediate cause (a) Metastatic adenocarcinoma of sigmoid — 1 yr.
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, left — 9 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1953, to 5/6, 1954, that I last saw the deceased alive on 5/4, 1954, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Md ADDRESS Sandy Spring Md DATE SIGNED 5/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 5-8-54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Pr Gurge Co (State) Md
DATE REC'D BY LOCAL REGISTRAR May 6/54
REGISTRAR'S SIGNATURE Gertrude B. Tawler
24. FUNERAL DIRECTOR Robert A. Pumphrey, Bethesda, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MAY

BUREAU V. S.

4754 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04712

CERTIFICATE OF DEATH

Reg. Dist. No. 276

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 31 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Quebec - Canada. Province COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chateaguay Height.
STREET ADDRESS (If rural give location) 34 Robert ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Magdalen (Last) Hoey
4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Apr. 18-1896
9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Personal officer
10B. KIND OF BUSINESS OR INDUSTRY: Canadian Gov.
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? Canada.

13. FATHER'S NAME: Daniel Hoey
14. MOTHER'S MAIDEN NAME: Rose Keenan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 3319 Glenway Dr. Kensington Md. Niece Mrs Rosemary Armstrong

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X IMMEDIATE CAUSE (A) CARCINOMA OF Sigmoid Colon — ONE YR.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pernicious Anemia — 10 yrs

19A. DATE OF OPERATION: June 1953
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954 to May 25, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 10:53 P M, from the causes and on the date stated above.

SIGNATURE: Dewitt E. DeLawter, MD
ADDRESS: M.D. 8025 ABERDEEN Rd Bethesda Md.
DATE SIGNED: 5/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/27/54
NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery
LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR: 5/29/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Warner E. Humphrey
ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1[illegible] — 10 - 53

RECEIVED
JUN 1 1954
BUREAU V. S.

04713

MARYLAND 4755

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 218

Item 9 film G166 6/4/54 cm

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown — LENGTH OF STAY (In this place) 8 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS c

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Rockerhill, Va, COUNTY Westmoreland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockerhill - Rural
STREET ADDRESS (If rural, give location) Va

3. NAME OF DECEASED (Type or Print): (First) Susie (Middle) Rebecca (Last) Holmes
4. DATE OF DEATH (Month) May (Day) 25, (Year) 1954

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH June-26-1882
9. AGE last birthday 71 ~~72~~ yrs. If under 1 year: Months 10, Days 29; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic
10b. KIND OF BUSINESS OR INDUSTRY Private Home
11. BIRTHPLACE (State or foreign country) Westmoreland Co, Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Thompson
14. MOTHER'S MAIDEN NAME Ellie Justis Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mary Murray, Germantown, Md. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral accident - Convulsions 5/22/54 — 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hemiplegia June-3-1953 — 11 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. dementia 5/22/53 — 11 months

19a. DATE OF OPERATION c
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) c
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY c
(CITY OR TOWN) c (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. c
INJURY OCCURRED While at Work ☐ Not While At work ☐ c
HOW DID INJURY OCCUR? c

22. I hereby certify that I attended the deceased from Feb-1-, 1954., to May-25-, 1954., that I last saw the deceased alive on May-23-, 1954., and that death occurred at 2 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Miller, M.D. ADDRESS 7-Brooke St., Gaithersburg, Md. DATE SIGNED 5/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE May 28, 1954 — NAME OF CEMETERY OR CREMATORY Zion Baptist Church — LOCATION (City, town, or county) Forkers Hill, Va. (State)

DATE REC'D BY LOCAL REG. May 25, 1954 — REGISTRAR'S SIGNATURE Arnold L. Cook

24. FUNERAL DIRECTOR David N. Welden — ADDRESS Oldhams, Va.

RECEIVED
JUN 1 1954
BUREAU V. S.

4756 **MARYLAND STATE DEPARTMENT OF HEALTH** 04714

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forrest Glen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forrest Glen Villa Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington ✓
STREET ADDRESS (If rural, give location) 1321 Gallatin NW

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARTIN F HOYBERGER
4. DATE OF DEATH (Month) (Day) (Year) May 24 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 4, 1867
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Butcher
11. BIRTHPLACE (State or foreign country) Wash DC
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Martin Hoyberger
14. MOTHER'S MAIDEN NAME Catherine Bentz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Louise M Hoyberger 1321 Gallatin NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Uplow

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pelvis

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953 to May 24, 1954 that I last saw the deceased alive on May 24, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS 35 NY Ave NW DATE SIGNED May 24/54

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 5-27-54
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 5-25-54
REGISTRAR'S SIGNATURE Francis Collier
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Ga Ave Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1954
BUREAU V. S.

4757 MARYLAND STATE DEPARTMENT OF HEALTH 04715

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) 6 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Hamilton Ave	STREET ADDRESS (If rural, give location) 15 Hamilton Ave.

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) ANN GOODWIN	(Last) HUNTER	4. DATE OF DEATH	(Month) MAY	(Day) 1	(Year) 1954
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 12-22-1883	9. AGE last birthday 70 yrs.	If under 1 year: Months —	Days	If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (State or foreign country) LONGTON, STAFFORDSHIRE, ENGLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME JOHN GOODWIN	14. MOTHER'S MAIDEN NAME ANNIE LEAR						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT AND ADDRESS Mr. THOMAS HUNTER 15 HAMILTON SILVER SPRING					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) CEREBRAL HEMORRHAGE	SEPT 19, '52
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSION	'50
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	RIGHT- PARALYSIS	

19a. DATE OF OPERATION NO	19b. MAJOR FINDINGS OF OPERATION NO	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) —	(COUNTY) —	(STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from DEC -, 1948, to MAY 1, 1954, that I last saw the deceased alive on APRIL 30, 1954, and that death occurred at 7.12 a.m., from the causes and on the date stated above.

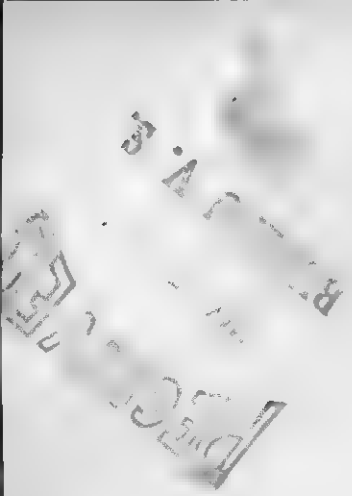
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Claude Wm Mitchell M.D.		8055-13th ST. SILVER SPRING, MD	5-1-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 4, 1954	NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetary	LOCATION (City, town, or county) (State) Nokomis Illinois
DATE REC'D BY LOCAL REG. [illegible]	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR S. H. Hines Co. 2901 14th St. Washington D.C.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



4758 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04716

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9124 Flower Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9124 Flower Ave.

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) V. (Last) Hutzell
4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 14, 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonas E. Beachley
14. MOTHER'S MAIDEN NAME: Indiana E. Castle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Marjorie E. Mohler, 9124 Flower Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebro-Vascular accident DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to May 23, 1954, that I last saw the deceased alive on 5/20, 1954, and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Sanford J Randall, M.D. ADDRESS 3636 16 ST. N.W. D.C. DATE SIGNED 5/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/26/54
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Washington County, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5/25/54
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1954
BUREAU V. S.

04717

4759

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2[illegible]

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 717 Gist Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2882 Kentucky Avenue

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) S. (Last) Jacobs

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 15, 1876
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Carter
14. MOTHER'S MAIDEN NAME: Mary Siffren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Edward Z. Jacobs, 2882 Kentucky Ave. Baltimore, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Acute Congestive Failure	2 days
DUE TO (B)	Auricular Fibrillation	5 days
DUE TO (C)	Arterio-sclerotic Heart disease c̄ Hypertension	8 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24, 1954, to 5/26, 1954, that I last saw the deceased alive on 5/25, 1954, and that death occurred at 2:35 A M, from the causes and on the date stated above.

SIGNATURE Francis J. Richardson M.D. ADDRESS 717 Alaska Ave NW DATE SIGNED 5/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 5/29/54
NAME OF CEMETERY OR CREMATORY Parkwood Memorial Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/29/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUN 2 1954
BUREAU V. S.

4760 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04718

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 7 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3238 Arcadia Place N.W.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Albert (Last) Jager
4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec. 25-1887
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months 4 Days 13 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Educator
10B. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Rhode Island
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Harm Jager
14. MOTHER'S MAIDEN NAME: Alice Culleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 579-46-0983
17. INFORMANT & ADDRESS: Raymond E. Jager Son- 7402 Meadow Lane Chevy Chase Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 8 Hours

ANTECEDENT CAUSE (S) DUE TO (B) Cardio-vascular-renal disease — 2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertension — 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to May 8, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE Sidney C. Cousins M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED May 9, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5-11-54
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) (State) Prince George, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/12/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
MAY, 14 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04719

9692

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West. Takoma Park — LENGTH OF STAY (in this place) 1?
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 145 Grant Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jane (Last) Jarboe

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 11-28-77

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Harry J. Kendall

14. MOTHER'S MAIDEN NAME: Lucy Ann Sullivan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Washington Sanitarium & Hosp.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 331X Left Cerebral Hemorrhage — Interval Between Onset And Death: 11 days

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension

DUE TO

(c) Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10/1953, to 5/28, 1954, that I last saw the deceased alive on 5/28, 1954 and that death occurred at 3:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dan H. Harding M.D. — 113 Carroll St NW, Wash DC — 5/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-1-54 — NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem — LOCATION (City, Town, or county) (State) Bruce Langer Co Md

DATE REC'D BY LOCAL REGISTRAR 5-28-54 — REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR The J. H. Hines Co — ADDRESS 2901-14th Washington D.C.

VS. A15

RECEIVED
JUN 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04720

4693

CERTIFICATE OF DEATH

Reg. Dist. No. 223

Items 2,7,11 infor. taken from birth cert. cm

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Glen
STREET ADDRESS (If rural give location) 2586 Holman Ave.

3. NAME OF DECEASED: (First) (Middle) (Last) Johnson
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) May 20 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: May 19, '54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 37 Min. 43

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Takoma Park, Montg. Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lawrence Edwin Johnson
14. MOTHER'S MAIDEN NAME: Sylvia Ann Waldschmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) 776x
DUE TO
ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(C) Prematurity — 40 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, ~~street, office bldg.~~, etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while ~~at work~~ ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 May 1954, to 20 May, 1954, that I last saw the deceased alive on 20 May, 1954, and that death occurred at 5 PM, from the causes and on the date stated above.

SIGNATURE Merton L. White M. D. ADDRESS 11134 Georgia Ave 55 hrs DATE SIGNED 20 May 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 23 1954
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Frederick, Md

DATE REC'D BY LOCAL REGISTRAR 5-21-54
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR Robert A. Trempler
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

2054192270

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04721

4708

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rockville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bickford Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Bickford Ave

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: JANUARY 16 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Johnson

14. MOTHER'S MAIDEN NAME: Annie Sweis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Georgia Thompson - Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

450.0

Immediate cause (a) CONGESTIVE HEART FAILURE — 2 wks.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) GENERALIZED ARTERIOSCLEROSIS — 20 YRS.

DUE TO

(c) SENILITY

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1954, to 5/6, 1954, that I last saw the deceased alive on 5/3, 1954, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William G. Hall MD Rockville, Md. 5/6/54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF 5/9/54 — NAME OF CEMETERY OR CREMATORY Rocky Hill — LOCATION (City, town, or county) (State) Clarksburg Md

DATE REC'D BY LOCAL REG. 5-6-54 — REGISTRAR'S SIGNATURE Dorothy Jacobs P. A. S.

24. FUNERAL DIRECTOR Robert L. Snowden - Rockville Md — ADDRESS

RECEIVED
MAY 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04722

4694

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 11 days 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanit. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Illinois COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Downer's Grove
STREET ADDRESS (If rural give location) Drendel Rd. RFD 11

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Ellen (Last) Jolity
4. DATE OF DEATH: (Month) 5 (Day) 24 (Year) 1954
5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-16-84
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME: Christopher Walker
14. MOTHER'S MAIDEN NAME: Fannie Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
260X

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Left hemiplegia Cerebral hemorrhage c	12 Days.
DUE TO (B)	Advanced Arteriosclerosis c	10 yrs
DUE TO (C)	Moderately Severe Diabetes mellitus	5 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1951, to May 29, 1954, that I last saw the deceased alive on 5-24, 1954, and that death occurred at 10:35 P. M, from the causes and on the date stated above.

SIGNATURE Kenneth Daughein M. D. ADDRESS 934 Alsworth Dr DATE SIGNED 5-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 5/27/54 NAME OF CEMETERY OR CREMATORY Palmer Spring Rd LOCATION (City, town, or county) Downers Grove Ill (State)

DATE REC'D BY LOCAL REGISTRAR 5-25-54 REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR Martin W Hyong Co ADDRESS Washington Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

4761

04723

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (In this place): 48 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Phyllis, Kentucky
STREET ADDRESS (If rural, give location): None given

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) M. (Last) Justice

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1908

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Rubin Dales

14. MOTHER'S MAIDEN NAME: Jimmie Deskins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None given

17. INFORMANT AND ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Shock from asphyxia	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Respiratory paralysis	48 hrs.
	(c) Removal of aneurysm of arc of aorta	48 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 4, 1954

19b. MAJOR FINDINGS OF OPERATION: Aneurysm of arch of aorta

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 19, 1954, to May 6, 1954, that I last saw the deceased alive on May 6, 1954, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph Rosh, M.D. ADDRESS: The Clinical Center DATE SIGNED: May 6, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit — DATE: 5/6/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Phyllis Kentucky

DATE REC'D BY LOCAL REG. 5/6/54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR AND ADDRESS: S.H. Hines Co. 2401 14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 20 - 54
BUREAU OF

4762 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04724

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place) 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 9822 Capital View Ave.

3. NAME OF DECEASED: (First) Michael (Middle) FRANK (Last) Keating (Type or Print)

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 29 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mech. Eng.

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing & Heating

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Keating

14. MOTHER'S MAIDEN NAME: Mary Parker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —; (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. Blanche J. Keating 9822 Capital View Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hepatic coma — Interval Between Onset And Death: 7 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Laennec's cirrhosis — 3 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar Pneumonia — 4 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 May, 1954, to 11 May, 1954, that I last saw the deceased alive on 10 May, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE M. J. White (Degree or title) M.D. ADDRESS 9427 Georgia Ave. Silver Spg. Md. DATE SIGNED May 13 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation; DATE THEREOF 5/11/54; NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory; LOCATION (City, town, or county) Prince George County, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 5/15/54; REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Elsworth C. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 17

BUREAU V. S.

4763

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04725

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 3mo 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Midway Island
STREET ADDRESS (If rural give location) Quarters 54

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Lee (Last) KIRBY

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10-4-19

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph H. BURGIN

14. MOTHER'S MAIDEN NAME: Hettie MOSTELLAR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — —

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S NAME & ADDRESS: Husband Mr. Terry G. KIRBY Midway Island Virginia Qtrs 54

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH 3yrs (approx)

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Feb., 1954 to 27 May., 1954 that I last saw the deceased alive on 27 Feb, 1954, and that death occurred at 1:20A M, from the causes and on the date stated above.

SIGNATURE D. L. Calhoun JR CDR MC USN — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 5-31-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 29 May 1954 — NAME OF CEMETERY OR CREMATORY Betheny Baptist Cemetery — LOCATION (City, town, or county) (State) Hickory, North Carolina

DATE REC'D BY LOCAL REGISTRAR 25 MAY 1954 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR AND ADDRESS J. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
JUN 2 1934
BUREAU V. S.

4764 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04726

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Texas COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Houston
STREET ADDRESS (If rural give location) 2717 Morrison Street

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Odell (Last) LANNOO

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 8-24-27

9. AGE last birthday 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Gustoff LANNOO

14. MOTHER'S MAIDEN NAME: Mary BEVRIENTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes (If Yes, give war or dates of service) Korea

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Lee C. LANNOO 2717 Morrison Street, Houston, Texas

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 902.8

(A) Transverse myelopathy C5 level — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Fracture of cervical spine (C5) — 2 days

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION 5-23-54

19B. MAJOR FINDINGS OF OPERATION Application of skeletal traction

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Beach

21C. WHERE DID INJURY OCCUR? (City or town) Wideawater (County) (State) Va.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-23-54 3P M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Diving into shallow water

22. I hereby certify that I attended the deceased from 23 May, 19 54 to 25 May, 19 54 that I last saw the deceased alive on 25 May, 19 54, and that death occurred at 4:45P M, from the causes and on the date stated above.

SIGNATURE E. P. THELEN LCDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 5-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit — DATE THEREOF 30 May 1954 — NAME OF CEMETERY OR CREMATORY Rock Island Arsenal Cemetery — LOCATION (City, town, or county) Moline, Illinois (State)

DATE REC'D BY LOCAL REGISTRAR 27 May 1954 — REGISTRAR'S SIGNATURE Mary E. Crawley

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home — ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

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BUREAU V. S.

04727

MARYLAND 4765

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMORELAND HILLS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #1 CARVEL CIRCLE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY MONTG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMORELAND HILLS
STREET ADDRESS (If rural, give location) #1 CARVEL CIRCLE

3. NAME OF DECEASED (Type or Print) (First) ALPHONSO (Middle) WINDLE (Last) LEE

4. DATE OF DEATH (Month) MAY (Day) 9 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 3/28/1890

9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR*PLASTERING

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ALPHONSO W. LEE

14. MOTHER'S MAIDEN NAME MARY H. SEAWARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS MRS NANCY E. LEE #1 CARVEL CIRCLE, MONTG. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
451X Immediate cause	(a) Shock - Circulatory Collapse	4½ hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion Massive	4½ hours
	(c) Arteriosclerosis - Abd. Aneurysm	4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1943, to May 9, 1954, that I last saw the deceased alive on May 3rd, 1954, and that death occurred at 7³⁰ am m., from the causes and on the date stated above.

SIGNATURE Jim B Mahony M.D. (Degree or title) ADDRESS 1746 - K St. N.W. DATE SIGNED 5/9/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE 5/12/54 NAME OF CEMETERY OR CREMATORY CEDAR HILL CEM. LOCATION (City, town, or county) SUITLAND, PRICE GEO. MD (State)

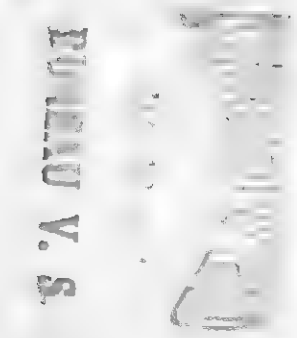
DATE REC'D BY LOCAL REG. 5/10/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The G H Hines Co. ADDRESS 2901-14th St. Wash. D.C.

Talked to Dr Brosehard regarding
Case write - He gave permission
for my signature.

John B Martin Jr MD

BUREAU V. S.



4766 04728

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brinkloe
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Ella (Last) Lee
4. DATE OF DEATH (Month) 5 (Day) 31 (Year) 1954
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 1865
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Balto Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James L Lee
14. MOTHER'S MAIDEN NAME Lydia Batchelor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Luce B. Conlan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia — 91

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis Chronic Myocarditis years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓ ✓

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 7/11, 1953 to 5/31, 1954 that I last saw the deceased alive on 5/28, 1954 and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE J M Bell (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 5/31/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 2-54
NAME OF CEMETERY OR CREMATORY Prospect Cem
LOCATION (City, town, or county) Towson (State) Md
DATE REC'D BY LOCAL REG. 5-31-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR John Burns ADDRESS 612 York Rd Balto Co Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 19
BUREAU V. S.

4767 **MARYLAND STATE DEPARTMENT OF HEALTH** 04729

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 2 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9810 GEORGIA AVE SSp.Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MONTGOMERY COUNTY MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 8029 EASTERN AVE S.Sp.Md.

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) MAE (Last) LEVERTON
4. DATE OF DEATH (Month) MAY (Day) 10 (Year) 1954
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH 8-5-1876
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME JOSEPH F. LITTLE
14. MOTHER'S MAIDEN NAME SARAH GALLOWAY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS J. STANLEY LEVERTON 1575 OAK VIEW DR. SILVER SPRING MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE MYOCARDITIS

431X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC MYOCARDITIS

(c) CEREBRAL SCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 24 1952, to MAY 10, 1954, that I last saw the deceased alive on MARCH 10, 1954, and that death occurred at 8:10 P m., from the causes and on the date stated above.

SIGNATURE Henryka Lowden (Degree or title) M.D. ADDRESS 5206 NORWAY Dr. CHEVY CHASE, Md DATE SIGNED 5-10-54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 5-13-1954 NAME OF CEMETERY OR CREMATORY FT. LINCOLN CEM. LOCATION (City, town, or county) PRINCE GEORGE CO. (State) MD.

DATE REC'D BY LOCAL REG. 5-14-54 REGISTRAR'S SIGNATURE Frances Cutter
24. FUNERAL DIRECTOR S H Hines Co. ADDRESS 2901-14-N.W. Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1954
BUREAU V. S.

4768

Item 8 filmG 166 5/27/54 cm

04730

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural X
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Martinsburg
STREET ADDRESS (If rural give location) 108 N Kentucky Street

3. NAME OF DECEASED: (First) Myron (Middle) (n) (Last) LIPSIC
4. DATE OF DEATH: (Month) May (Day) 19 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11/2/24
9. AGE last birthday: 29 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Louis LIPSIC
14. MOTHER'S MAIDEN NAME: Dorothy HACK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Mrs. Doris LIPSICK 108 N Kentucky St, Martinsburg, W.Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
(A) DUE TO Rupture of arteriovenous aneurysm of the right cerebrum.

ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 days.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 17 May 1954
19B. MAJOR FINDINGS OF OPERATION: Evidence of cerebral aneurysm with hemorrhage.
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 May, 19 54 to 19 May, 19 54 that I last saw the deceased alive on 19 May, 19 54, and that death occurred at 7:50P M, from the causes and on the date stated above.

SIGNATURE E.P. Thelen ADDRESS E. P. THELEN LCDR MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 5-20-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit
DATE THEREOF: 21 May 1954
NAME OF CEMETERY OR CREMATORY: Best Jacobs Cemetery
LOCATION (City, town, or county) (State): Martinsburg, West Virginia

DATE REC'D BY LOCAL REGISTRAR: 20 May 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. R. A. FUNERAL DIRECTOR: Funeral Home ADDRESS: 7557 Wisconsin Avenue Bethesda, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Film#G166 Item# 1
5/14/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04731

4769

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10204 Sutherland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
STREET ADDRESS (If rural give location): 10204 Sutherland Rd

3. NAME OF DECEASED (Type or Print): (First) LENA (Middle) MARIE (Last) Lloyd

4. DATE OF DEATH: (Month) MAY (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4/1/1874

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months 1, Days 4 — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Strasburg, Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Dreyer

14. MOTHER'S MAIDEN NAME: Magdalene Grunewald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Anna Altheide - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auricular Fibrillation
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Arteriosclerosis
DUE TO
(c) Generalized Arteriosclerosis

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 52, to 5/5, 1954, that I last saw the deceased alive on 4/23, 19 54, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ernst Hardwig MD. ADDRESS: 113 Carroll St NW. Wash DC DATE SIGNED: 5/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-7-54 — NAME OF CEMETERY OR CREMATORY: Arlington Natl — LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REGISTRAR: 5-5-54 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: W.K. Huntemann & Son — ADDRESS: 5732 Ga Ave. Washington D.C.

5/5/54

Dr Brochart - Montgomery County Coroner
advised by telephone who will approve

Dean H Harding M.D.

RECEIVED
MAY 10 1954
[illegible] U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04732

4770 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 10110 Gladstone St.

3. NAME OF DECEASED: (First) Harry (Middle) — (Last) Love

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: July 12, 1899

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Budget Analyst

10B. KIND OF BUSINESS OR INDUSTRY: Agric. Dept.

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sol Love

14. MOTHER'S MAIDEN NAME: Miriam (Molly) Solomon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Mary H. Love, 10110 Gladstone Silver Spring Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Massive gastro-intestinal hemorrhage	3 hrs.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C) Lymphosarcoma (Brill-Symmer's Type)	18 mo.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 1952

19B. MAJOR FINDINGS OF OPERATION: Hyperemic nodes biopsy found Lymphosarcoma

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While ☐ Not while ☐ at work ☐ at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1952 to 25 May, 1954 that I last saw the deceased alive on 24 May, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE Morton L. White M.D. M.D ADDRESS 11134 Georgia Ave Wheaton Md DATE SIGNED 25 May 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 5/26/54; NAME OF CEMETERY OR CREMATORY Parklawn Cemetery; LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR 5/27/54; REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

RECEIVED
JUN 1 1954
BUREAU V. S.

4695

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04734

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7106 Popular Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Conn. — COUNTY New Haven
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Meriden — 3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (Last) Majeski

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-16-1903
9. AGE last birthday: 50 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Meriden, Conn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Lange
14. MOTHER'S MAIDEN NAME: Maria Sieg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Wm J. Majeski Jr (Son) Same as Item 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bruchart	M.D.	Gaithersburg Md	5-10-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 13, 1954		Meriden,	Conn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-10-54	J. Milton Pond	Gilbert & Talbert	254 Carroll Ave. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MAY 14
V. S.

4771

04733

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8100 Grove Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park,
STREET ADDRESS (If rural, give location) 40 Columbia Ave.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) M. (Last) Marrinan
4. DATE OF DEATH: (Month) 5 (Day) 2 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 1/25/1895
9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse Aide - Wash. San. & Hospital
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newark, New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown Graber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 215-26-2977
17. INFORMANT AND ADDRESS: Mr. James W. Marrinan, 807 Houston Ave. Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Several days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broschart (Degree or title) M. D. ADDRESS: Gaithersburg Md. DATE SIGNED: 5-2-54

MANNER OF DISPOSAL: Removal & Burial
DATE THEREOF: 5/2/54
NAME OF CEMETERY OR CREMATORY: Geo. Wash. Memorial Cemetery
LOCATION (City, town, or county) (State): Prince George Co., Md.

DATE REC'D BY LOCAL REG. 5-2-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Warren E. Purdy
ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04735

4772

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 44 G Street NE

3. NAME OF DECEASED: (First) Caleb (Middle) (n) (Last) MC CLANE
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 8-15-96
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife: Mrs. Annie MC CLANE 44 G Street NW, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: CA. Sq. Cell, Tongue with metastasis — INTERVAL BETWEEN ONSET AND DEATH: Unk

ANTECEDENT CAUSE (B) DUE TO:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 May, 1954, to 23 May, 1954, that I last saw the deceased alive on 23 May, 1954, and that death occurred at 9:59A M, from the causes and on the date stated above.

SIGNATURE, ADDRESS, DATE SIGNED: R. L. [illegible] LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland 5-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 27 May 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 25 May 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: W. E. JARVIS Funeral Home ADDRESS: 1432 U Street NW, Washington, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 27 1954
BUREAU V. S.

4773

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04736

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
LENGTH OF STAY (In this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Marylander Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Elizabeth (Last) McCurdy

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan 2, 1882

9. AGE last birthday: 72 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: — Stull

14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized carcinomatosis	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of sigmoid and rectum	over 3½ years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec. 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma sigmoid, rectum, peritoneum

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov. 19, 1952, to May 20, 1954, that I last saw the deceased alive on May 20, 1954, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Katharine A. Chapman, M.D.
ADDRESS: 3924 Baltimore St. Kensington, Md.
DATE SIGNED: May 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: May 22, 1954
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: May 20, 1954
REGISTRAR'S SIGNATURE: Arnold L. Cook

24. FUNERAL DIRECTOR: J. N. Hunter Co.
ADDRESS: 2901 14th St. N.W. Washington D.C.

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MAY 21 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04737

4774

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Pr...
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): East Riverdale
STREET ADDRESS (If rural give location): 5207 55th Avenue

3. NAME OF DECEASED (Type or Print): Patrick (First) Michael (Middle) MC VAY (Last)

4. DATE OF DEATH: May (Month) 5 (Day) 1954 (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: January 25, 1953

9. AGE last birthday: 1 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George T. MC VAY

14. MOTHER'S MAIDEN NAME: Shirley L. MUSSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - -

17. INFORMANT & ADDRESS: Mother: Mrs. Shirley L. MC VAY 5207 55th Avenue, East Riverdale, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 754.4

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 15 months

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Anomaly congenital, bilateral

DUE TO (C) atonic, kinetic and uretero-vesicle obstructions — 15 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 May..., 19 54 to 5 May..., 19 54, that I last saw the deceased alive on 5 May 1954..., and that death occurred at 11:26 P.M., from the causes and on the date stated above.

SIGNATURE: E. M. Tomlin — ADDRESS: E. M. TOMLIN LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 4-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10 May 1954

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 6 May 1954

REGISTRAR'S SIGNATURE: Thomas L. Farrelly

24. FUNERAL DIRECTOR: Chambers Funeral Home — ADDRESS: 5801 Cleveland Ave Riverdale, Maryland

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04738

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John; MARYLAND; LENGTH OF STAY (in this place) 6 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8126 Mc Arthur Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 3913 Windom Place, N. W.

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) T. (Last) Milroy

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-12-08

9. AGE last birthday: 45 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Govt.

11. BIRTHPLACE (State or foreign country): Okmulgee, Oklahoma

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick, T. Milroy

14. MOTHER'S MAIDEN NAME: Koraline Trundle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Eva M. Milroy-Same Item

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden death

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Broschart M.D. Gaithersburg Md. 5-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit | DATE THEREOF 5/25/1954 | NAME OF CEMETERY OR CREMATORY Fairlawn | LOCATION (City, town, or county) (State) Payne Co. Oklahoma

DATE REC'D BY LOCAL REG. 5/16/54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Robert A. Humphreys ADDRESS Bethesda, Md.

4776 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04739

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Florida COUNTY Monroe
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Key West
STREET ADDRESS (If rural give location) 20-D Felton Road, Sigsbee Park

3. NAME OF DECEASED: (Type or Print) (First) Dennis (Middle) Lynn (Last) MINTER
4. DATE OF DEATH. (Month) May (Day) 29 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1-4-54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 4 Days 25 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Kenneth W. MINTER
14. MOTHER'S MAIDEN NAME: Esther F. WINSLOW
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Mother Esther F. MINTER Florida 20-D Felton Road, Sigsbee Park, Key West,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cardiorespiratory failure - 24 hrs.

ANTECEDENT CAUSE (B) DUE TO Congenital cyanosis Since birth

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Congenital heart disease " "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1954, to May 29, 1954, that I last saw the deceased alive on May 29, 1954 and that death occurred at 7:35 M, from the causes and on the date stated above.

SIGNATURE Jesse R. Hicks M. D. ADDRESS USNH Bethesda Md. DATE SIGNED 30 May '54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit
DATE THEREOF 30 May 1954
NAME OF CEMETERY OR CREMATORY Abilene Cemetery
LOCATION (City, town, or county) (State) Abilene, Kansas

DATE REC'D BY LOCAL REGISTRAR 2 June 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R. A. PUMPHREY Funeral Home ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

9V14 99 V 93 V

RECEIVED
JUN 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05723

4696

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanit. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 1009 Merrimack Drive

3. NAME OF DECEASED (Type or Print) (First) Agnes (Middle) Marion (Last) Moffitt

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 7-11-81
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Gorey
14. MOTHER'S MAIDEN NAME: Alicia Nolan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sanit. & Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebrovascular Accident
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocardial degeneration

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to May 30, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE Morris Perry M.D. M.D. ADDRESS 11602 Georgia Ave. Silver Spring DATE SIGNED 5-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial
DATE THEREOF 5/30/54
NAME OF CEMETERY OR CREMATORY Greenfield Cemetery
LOCATION (City, town, or county) (State) Hempstead, Long Island, N.Y.

DATE REC'D BY LOCAL REGISTRAR 6-3-54
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH ~~BALTIMORE~~ 04740

4777 CERTIFICATE OF DEATH Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda 7
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 4/A-2
STREET ADDRESS (If rural give location) 2853 Brandywine St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) PEARL (Middle) W. (Last) MOHLER

4. DATE OF DEATH: (Month) May (Day) 31, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 8, 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months 11 Days — IF UNDER 24 HRS.: Hours 23 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? Us

13. FATHER'S NAME: Wilmer Worthington

14. MOTHER'S MAIDEN NAME: Adela Mahan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: F.E. Mohler- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Respiratory Failure	12 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)	Pulmonary Edema	1 mo.
DUE TO (c)	Adenocarcinoma of Ileum c metastasis	8 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1953, to May 31., 1954, that I last saw the deceased alive on May 31, 1954, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Y. Jogger Jr. M.D. ADDRESS 5707 Wisconsin Ave Chevy Chase Md. DATE SIGNED 5/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF 6-3-54 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6/1/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Dumphrey ADDRESS Bethesda, Md.

RECEIVED
JUN 3 1934
BUREAU V. S.

04741

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4697

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 26 hrs 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville, P.O.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Infant (Middle) Girl (Last) Moore
4. DATE OF DEATH: (Month) 5 (Day) 1 (Year) 1954
5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 4-30-54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours 2 Min. 35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington San. & Hospital Takoma Park, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Kenneth Russell Moore
14. MOTHER'S MAIDEN NAME: Bertha Isabell Poole
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
15. SOCIAL SECURITY NO.
(If Yes, give war or dates of service)
17. INFORMANT & ADDRESS: Chart.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
776 X
IMMEDIATE CAUSE (A) Prematurity (5½ mo. fetus) — INTERVAL BETWEEN ONSET AND DEATH: 27 hours
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 30, 1954, to May 1, 1954, that I last saw the deceased alive on May 1, 1954, and that death occurred at 7:35 P M, from the causes and on the date stated above.
SIGNATURE John M. Andrews M.D. ADDRESS Silver Spring, Md DATE SIGNED 5-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 5-3-54
NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Wash San. & Hospital Takoma Park Md
DATE REC'D BY LOCAL REGISTRAR 5-3-54
REGISTRAR'S SIGNATURE J. Wilbur Dodd
24. FUNERAL DIRECTOR K. A. Hare, M.D. ADDRESS Takoma Park Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Written hurriedly read from both parents

Negative Neck

#20441826D

RECEIVED
MAY 5
BUREAU V. S.

4778 MARYLAND STATE DEPARTMENT OF HEALTH 04742

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8480 Fenton St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10000 Georgia Ave.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Edgar (Last) Murphy

4. DATE OF DEATH (Month) May (Day) 20 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 23, 1899
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec. Chief - Maritime Adminstration
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't.
11. BIRTHPLACE (State or foreign country) Mt. Airy, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas M. Murphy
14. MOTHER'S MAIDEN NAME Effie Hood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW#1, WW#2
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Irene R. Murphy, 10,000 Ga. Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✗, Inquiry ✗ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✗, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-20-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/24/54
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Warner C. Humphreys ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

4779

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04743

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 2102 18th Street NW

3. NAME OF DECEASED: (Type or Print) (First) Charlie (Middle) (n) (Last) MYERS

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 15 1913

9. AGE last birthday 40 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charlie MYERS

14. MOTHER'S MAIDEN NAME: Mary HARRINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Brother: Mr. James MYERS 2102 18th St NW, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) VENTRICULAR FIBRILLATION — INTERVAL BETWEEN ONSET AND DEATH: 1 MINUTE

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) CORONARY ARTERY DISEASE — 5 YEARS

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 19 , to May 19, 19 54 that I last saw the deceased alive on May 19, 1954, and that death occurred at 1:00A M, from the causes and on the date stated above.

SIGNATURE P. R. James — ADDRESS P. R. JAMES LT MC USN U.S. Naval Hospital NNMC, Bethesda, Maryland — DATE SIGNED May 20, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF May 20 1954 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR May 20, 1954 — REGISTRAR'S SIGNATURE Gray E. Finnelly

24. FUNERAL DIRECTOR AND ADDRESS Washington, D.C., N.W., W.E. Jarvis Funeral Home, 1432 U Street

4780

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04744

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (In this place) 2mo 9days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 11915 Ivanhoe Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Nelson (Last) MYERS

4. DATE OF DEATH. (Month) May (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 12 Feb 1904

9. AGE last birthday 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Employee

10B. KIND OF BUSINESS OR INDUSTRY: Civil service

11. BIRTHPLACE (State or foreign country): Pennslyvian

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph N MYERS

14. MOTHER'S MAIDEN NAME: Susana V. STEVENSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife: Mrs. Lillian MYERS 11915 Ivanhoe St, Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 197	(A) Exsanguination	12 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Leiomyosarcoma	18 months
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Feb, 1954 to 7 May, 1954, that I last saw the deceased alive on 7 May, 1954, and that death occurred at 4:26A M, from the causes and on the date stated above.

SIGNATURE A. B. KERN LT MC USNR — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 7 May 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12 May 1954 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 7 May 1954 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR AND ADDRESS R. A. PUMPHREY Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

RECEIVED
MAY 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, MD.~~ 04745

4709

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 911 Lewis Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 911 Lewis Ave.

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) MAY (Last) MYERS

4. DATE OF DEATH: (Month) (Day) (Year) May 3, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 6, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 8 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George H. Martindell

14. MOTHER'S MAIDEN NAME: Lavinia Cramer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Pat R. Axtell- Item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) cerebral anoxia	1 hr
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) cerebral thrombosis	12 hr
	DUE TO (c) arteriosclerosis & hypertension	3 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ~ m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2/,19 54, to 5/3/, 19 54, that I last saw the deceased alive on 5/3/, 19 54, and that death occurred at 6:00 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen N. Jones M D
ADDRESS Rockville Md
DATE SIGNED 5/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit
DATE THEREOF 5-4-54
NAME OF CEMETERY OR CREMATORY Reinbeck
LOCATION (City, town, or county) (State) Reinbeck, Iowa

DATE REC'D BY LOCAL REGISTRAR 5/7/54
REGISTRAR'S SIGNATURE Dorothy Jacobson
24. FUNERAL DIRECTOR Robert H. Pumphrey
ADDRESS Bethesda, Md.

E.J

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04746

4781 CERTIFICATE OF DEATH Reg. Dist. No. 2 1 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunshine; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seneca; STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) L (Last) Myers

4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 19 54

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Dec 5 1870 | 9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months — Days — | IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Owner | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Jno A. Myers | 14. MOTHER'S MAIDEN NAME: Mary E. Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of) — | 16. SOCIAL SECURITY No.: — | 17. INFORMANT & ADDRESS: —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Myocarditis chronic DUE TO — Interval Between Onset And Death: 3 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) None DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerosis | 2

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION No oper | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/1/1954 to 5/4/1954 that I last saw the deceased alive on 5/3/1954 and that death occurred at 12:40 PM from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Sandy Spring DATE SIGNED 5/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 6 54 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) Olney Md (State)

DATE REC'D BY LOCAL REGISTRAR 5-5-54 | REGISTRAR'S SIGNATURE Gertrude B Gaver

24. FUNERAL DIRECTOR Roy W Barber | ADDRESS Laytonsville Md

VS. A15

RECEIVED
MAY
BUREAU V. S.

Film#G167 Item# 9 6/14/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4782 **CERTIFICATE OF DEATH** Reg. Dist. No. 04747 2

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place) 20 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Garret Park, Md.
STREET ADDRESS (If rural give location) 50 Waverly Ave

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Primm (Last) Neely
4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 28-1875
9. AGE last birthday: 78 7/91 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Marshall County—Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Porter
14. MOTHER'S MAIDEN NAME: Rose Rucker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: n
17. INFORMANT & ADDRESS: Mrs Ruth Grabell Mt Airy Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage, Severe, Rt. — Interval Between Onset And Death: 22 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, Generalized — yrs.

DUE TO

(c) Senility — yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30/52, 19..., to 5/23/54, 19..., that I last saw the deceased alive on 5/23/54, 19..., and that death occurred at 5/25/6 15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Allen MD ADDRESS Kensington Md DATE SIGNED 5/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Thursday May 27 54
NAME OF CEMETERY OR CREMATORY Salem Brookville Md
LOCATION (City, town, or county) Montgomery Co (State) Md
DATE REC'D BY LOCAL REGISTRAR 5-27-54
REGISTRAR'S SIGNATURE Frances [illegible]
24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04748

4783 **CERTIFICATE OF DEATH** Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1316 Woodside Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1316 Woodside Parkway

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) ROSS (Last) OLDING

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Aug. 27, 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Novia Scotia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Ross

14. MOTHER'S MAIDEN NAME: Margaret Dick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. W. K. Cave, 1316 Woodside Parkway Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO acute myocardial failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Pernicious anemia

(c) —

Interval Between Onset And Death 15 min. 17 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Chronic generalized arteriosclerosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to May 20, 1954, that I last saw the deceased alive on May 14, 1954, and that death occurred at 6:45 pm., from the causes and on the date stated above.

SIGNATURE John L. Rogers (Degree or title) M.D. ADDRESS 6919 Eastern Ave. Silver Spring, Md. DATE SIGNED May 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Transit & Burial

DATE THEREOF 5/20/54

NAME OF CEMETERY OR CREMATORY Forrestvale Cemetery

LOCATION (City, town, or county) Hudson, Mass. (State)

DATE REC'D BY LOCAL REGISTRAR 5-21-54

REGISTRAR'S SIGNATURE Frances Cotter

24. FUNERAL DIRECTOR Warner & Pumphrey

ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

RECEIVED
MAY 26 1954
BUREAU V. S.

4698 MARYLAND STATE DEPARTMENT OF HEALTH 04749

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (In this place) 3 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tenn. COUNTY Hamilton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Collegedale.
STREET ADDRESS (If rural, give location) Box 1824

3. NAME OF DECEASED (Type or Print) — (First) Stephen. (Middle) David. (Last) Olney.
4. DATE OF DEATH (Month) May (Day) 24 (Year) 1954
5. SEX Male. 6. COLOR OR RACE White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 8. DATE OF BIRTH 3-8-54
9. AGE last birthday yrs. If under 1 year: Months 2 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Collegedale Tenn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Stephen B Olney.
14. MOTHER'S MAIDEN NAME Eudora Tountellestta.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Eudora Olney Box 1024 Collegedale Tenn.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

93/5

Immediate cause (a) Heat Stroke — 5 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) None.
(c) None.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Bethesda (COUNTY) Montgomery (STATE) Md.
TIME OF INJURY (Month) May (Day) 24 (Year) 54 (Hour) 11 AM
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Left in car in sun. windows closed

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John L. Ball	M.D.	7936 Georgetown Rd Bethesda Md	5/24/54

23. CREMATION (Authority, specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
Burial	May 25/54	George Washington Cem	Gregg Rd. Prince Geo. Co.	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-25-54	Hilton Dodd	Arthur L. Dodd	254 Carroll St. N.W. Takoma Park 12, D.C.

9V24-114

MAY

4784 MARYLAND STATE DEPARTMENT OF HEALTH 04750

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9315 Georgia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2717 Plyers Mill Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Calvin	Seachrist	Orth	May	20	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	6/6/1895	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engr. City Post Office, Washington, D.C.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Trenton, New Jersey
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles A. Orth
14. MOTHER'S MAIDEN NAME: Mami Hughs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes WW #1
16. SOCIAL SECURITY NO.: 578-18-5859
17. INFORMANT AND ADDRESS: Mrs. Minnie H. Orth, 2717 Plyers Mill Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Indefinite

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brashear	M.D	Smithsburg, Md	5-20-54

BY CREMATION, BURIAL, Specify	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/24/54	Arlington National Cemetery	Arlington, Virginia

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Warner E. Pumphrey	8434 Georgia Ave. Silver Spring, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

U.S. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04751

4785

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural

LENGTH OF STAY (in this place) 1mo 24 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington

STREET ADDRESS (If rural give location) 3002 Decatur Avenue

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) None (Last) O'Toole

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1954

5. SEX. Male

6. COLOR OR RACE. White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3-28-78

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Financial Business Advisor

10B KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Port Chester, New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Daniel O'Toole

14. MOTHER'S MAIDEN NAME: Bridget Malvany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — —

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Jewell E. O'Toole 3002 Decatur Ave Kensington, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Hepatic insufficiency with coma	8 wks.
DUE TO (B)	Cirrhosis, liver, Laennec's	8 wks.
DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic heart disease — 6 mo.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: no operation.

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Mar., 1954 to 20 May, 1954, that I last saw the deceased alive on 20 May 1954, and that death occurred at 8:20P M, from the causes and on the date stated above.

SIGNATURE F. J. LINEHAN JR LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland ADDRESS DATE SIGNED 21 May 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit

DATE THEREOF 24 May 1954

NAME OF CEMETERY OR CREMATORY Catholic Cemetery Post Chest, New York

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 21 May 1954

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR Deal Funeral Home 4812 Georgia Ave, Washington, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

4786

CERTIFICATE OF DEATH

04752
Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Echo Heights
LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5435 Mohican Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Echo Heights
STREET ADDRESS (If rural give location): 5435 Mohican Road

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) S. (Last) PANGBORN

4. DATE OF DEATH: (Month) MAY (Day) 7 (Year) 19 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 26, 1885

9. AGE Last birthday: 69 yrs. — IF UNDER 1 YEAR: Months 1, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Barber

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sam Pangborn

14. MOTHER'S MAIDEN NAME: Lydia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Stanley W. Pangborn-Same Item #2

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Carcinoma of right lung — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) with metastasis to bones of spinal column and pelvis. — DUE TO

(c)

Interval Between Onset And Death: ??

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from April, 1949, to May 5, 1954, that I last saw the deceased alive on May 5, 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. P. Ryland, M.D.
ADDRESS: 4400 - 49th St., N. W. Washington 16, D.C.
DATE SIGNED: MAY 7 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF**: 5/10/1954 — **NAME OF CEMETERY OR CREMATORY**: Nat. Mem. Cemetery — **LOCATION** (City, town, or county) (State): Falls Church Virginia

DATE REC'D BY LOCAL REGISTRAR: 5/8/54 — **REGISTRAR'S SIGNATURE**: Bessie M. Thompson

24. FUNERAL DIRECTOR: Roberts A. Pumphreys — **ADDRESS**: Bethesda, Maryland

RECEIVED
MAY 10 1954
BUREAU V. S.

4787 MARYLAND STATE DEPARTMENT OF HEALTH 04753

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2.4

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8810 Bradford Road	STREET ADDRESS (If rural, give location) 8810 Bradford Road

3. NAME OF DECEASED (Type or Print) (First) Vincent (Middle) (Last) Pape — 4. DATE OF DEATH (Month) May (Day) 18 (Year) 1954

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH April 11, 1874 — 9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of Delicatessen ------ 10b. KIND OF BUSINESS OR INDUSTRY Retired — 11. BIRTHPLACE (State or foreign country) Italy — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown — 14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. none — 17. INFORMANT AND ADDRESS Mrs. Mary P. Duffie, 9512 Garwood St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Found dead

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — noted

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. — ADDRESS Gaithersburg Md — DATE SIGNED 5-18 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 5/20/54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 5/19/54 — REGISTRAR'S SIGNATURE Frances Potter — 24. FUNERAL DIRECTOR Warner E. Pumphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15A

BUREAU V

4788

MARYLAND STATE DEPARTMENT OF HEALTH

04754

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ...

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9506 Wire Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9506 Wire Ave

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Parzow

4. DATE OF DEATH (Month) May (Day) 11 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced
8. DATE OF BIRTH 11-6-902
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager
10b. KIND OF BUSINESS OR INDUSTRY restaurant
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Parzow
14. MOTHER'S MAIDEN NAME Jennie Ginsburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Sam. Parzow 625 Kensington Pl. NE Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J Broschart
ADDRESS Gaithersburg Md
DATE SIGNED 5-11-54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF May-13-54
NAME OF CEMETERY OR CREMATORY King David Mem. Gerd
LOCATION (City, town, or county) Falls Church - Va (State)

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR B Danzansky & Son
ADDRESS 3501-74th St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

4789 MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 04755

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda — LENGTH OF STAY (in this place) 1 day	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital	STREET ADDRESS 6005 (If rural give location) Dellwood Place

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) PERCY (Last) PENDLETON

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	9-25-85	68 yrs.	6	3		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	U.S.Govt-Geo.Sur.	California	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Pendleton	Carrie Arens

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
WW 1		Unknown	Florence B. Pendleton-Same Item #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage & Pulmonary — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Edema Cerebral Arteriosclerosis — 8 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1946, to May, 1954, that I last saw the deceased alive on May 28, 1954, and that death occurred at 5:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) W. T. Doyle MD ADDRESS Bethesda Md DATE SIGNED 5/28/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/1/1954	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/1/54	Bessie M. Thompson	Roberts A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information [illegible]fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1954
BUREAU V. S.

4790

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04756

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7110 Pyle Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7110 Pyle Rd

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) Nash (Last) Perry

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH 3-11-1885
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Henry Nash
14. MOTHER'S MAIDEN NAME Isabel Tracy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mrs. Eugene C. Carus 4800 Dexter St. Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-4-54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF May 6, 54 NAME OF CEMETERY OR CREMATORY ROCK CREEK LOCATION (City, town, or county) (State) WASH. D.C.

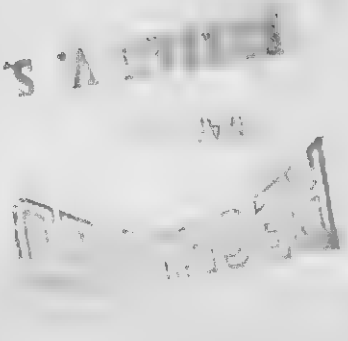
DATE REC'D BY LOCAL REG. 5/5/54 REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Chevy Chase Funeral Home ADDRESS

#305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A



4791

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04757

Citizen; Film G 167 6/10/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:

County: MONTGOMERY

City or town: SILVER SPRING
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MD. County: MONTGOMERY

City or town: SILVER SPRING
(If outside city or town limits, write RURAL and give nearest town)

Street No. 8900 old Bladensburg Rd
(If rural, give LOCATION)

2.(a) If veteran, name war: NONE

3.(a) FULL NAME: LOUIS PINCUS

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	MARRIED

6.(b) Name of husband or wife: REBECCA

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): UNKNOWN

8. AGE: Years: 72 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: RUSSIA - Citizen USA
(Town, county, and state)

10. Usual occupation: BUILDER

11. Industry or business: HOUSING

FATHER 12. Name: SOLOMON

FATHER 13. Birthplace:

MOTHER 14. Maiden name:

MOTHER 15. Birthplace:

16. Informant: REBECCA PINCUS

Address: 8900 OLD BLADENSBURG Rd.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: Goesberg Funeral Home

Address: 4217 - 9th St. NW Washington DC

19. 6/01 19 54 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 31 19 54, at 7:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 19 54 to May 31 19 54

and that I last saw h. alive on May 30 19 54

	DURATION
Immediate cause of death: Myocardial infarction	30 minutes (approx)
Due to: Arteriosclerotic heart disease	3 years
Due to:	
Other conditions: Benign prostatic hypertrophy	2 years

(Include pregnancy within 3 months of death)

Major findings of operation:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Jason Heiger, M.D.
M. D. or other

Address: 931 Pershing Drive, Silver Spring, Md. Date signed: 5-31-54

VS A15 9-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3
BUREAU V. S.

: 4792 MARYLAND STATE DEPARTMENT OF HEALTH 04758

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural 1 R-3; MARYLAND; LENGTH OF STAY (in this place) 33 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont'g; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (rural); STREET ADDRESS (If rural, give location) R-3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Washington	Plummer	May	17	195X

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	Colored	Widowed	June 16, 1873	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lloyd Plummer

14. MOTHER'S MAIDEN NAME: Malinda Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Robert L Plummer, Gaithersburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphyxia due to Strangulation	10 min.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: farm

(CITY OR TOWN): Gaithersburg (COUNTY): Mont'g (STATE): Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: 5-17-54 12 40 p.m.

INJURY OCCURRED While at work ☒ Not while at work ☐

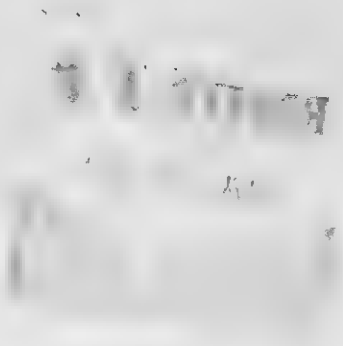
HOW DID INJURY OCCUR? tractor upset crushing neck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M.D.	Gaithersburg Md	5-17-54

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-20-54	Brookeville Grove	Laytonsville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 20, 1954	Wanda G. Cooke	Robert L. Snowden	Rockville Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04759

4710

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY: Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (in this place): 17yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural give location): Viers Lane

3. NAME OF DECEASED: (First) Frances (Middle) Ellen (Last) Poole
4. DATE OF DEATH: (Month) May 1st (Day) (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 4-1881
9. AGE Last birthday: 72 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home work
11. BIRTHPLACE (State or foreign country): Montg Co,
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Nathan. Keith
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Arnold Price. Boyds. Md,

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) Pulmonary Edema	1 hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Auricular Fibrillation	6 hrs.
	DUE TO (c) arteriosclerotic C-V. disease	Indefinite
	Psychosis	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21/1954, to 5/1/1954, that I last saw the deceased alive on 5/1/1954, and that death occurred at 1:00 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Stephen R. Jones M D
ADDRESS: Rockville Md
DATE SIGNED: 5/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-4-54
NAME OF CEMETERY OR CREMATORY: Hyattstown Cemetery
LOCATION (City, town, or county) (State): Hyattstown. Md,

DATE REC'D BY LOCAL REGISTRAR: May 3, 1954
REGISTRAR'S SIGNATURE: Dorothy Jacobs A. R.
24. FUNERAL DIRECTOR: Ernest C. Gartner. Gaithersburg. Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1954
BUREAU V. S.

4793 MARYLAND STATE DEPARTMENT OF HEALTH 04760

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural — LENGTH OF STAY (In this place) DOA	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Akron
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) 1117 Wilson Road

3. NAME OF DECEASED (Type or Print)	(First) Ned	(Middle) Phillip	(Last) POTTER	4. DATE OF DEATH	(Month) May	(Day) 21	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH April 24 1932	9. AGE last birthday 22 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner	10b. KIND OF BUSINESS OR INDUSTRY Mariner	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Ned O. POTTER		14. MOTHER'S MAIDEN NAME Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 5-6-51 to 5-21-54	16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS Father: Ned. O. Potter 1117 Wilson Road Akron, O	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
5705 Immediate cause	(a) Peritonitis, generalized	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Obstruction and gangrene, ileum	Unknown
	(c) Adhesion abdominal post operative	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Appendectomy	2 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. BROSCHART MD	Montgomery County Coroner	Gaithersburg, Maryland	5-22-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial Transit	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Akron, Ohio
DATE REC'D BY LOCAL REG. 24 May 1954	REGISTRAR'S SIGNATURE Mary C. Farrelly	24. FUNERAL DIRECTOR R. H. PUMMELL Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

VED
AY 25 1954
BUREAU V. S.

4794 04761

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 134 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2107 L. St. N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) - (Last) Powell
4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1954

5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 18 Oct. 1883
9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Junk Co.
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Powell
14. MOTHER'S MAIDEN NAME: Mary Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

150 X
Immediate cause (a) Esophago-tracheal fistula

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinoma of esophagus
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/25/54 & 2/8/54
19b. MAJOR FINDINGS OF OPERATION: Squamous cell carcinoma of esophagus secondary to left main stem bronchus
20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Jan., 1954, to 26 May, 1954, that I last saw the deceased alive on 26 May, 1954, and that death occurred at 12:42 P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) John H. Dooley, M.D. ADDRESS The Clinical Center, Bethesda, Md. DATE SIGNED 6/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE 6-3-54 NAME OF CEMETERY OR CREMATORY Payne LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 6/2/54 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Frazier ADDRESS 388 R.I. Ave. N.W.

RECEIVED
JUN 7 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04762

4699 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Va. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington 83 X-3
STREET ADDRESS (If rural give location) 623 Arlington Village ✓

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) Alice (Last) Reno

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1954

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: 6-19-75
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Clairnarne
14. MOTHER'S MAIDEN NAME: Rose Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Wash. Sanitarium

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
2-16 X
IMMEDIATE CAUSE (A) Acute Abdomen - Perforating Gastric Ulcer
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C) Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1953, to 5-10, 1954, that I last saw the deceased alive on 5-10, 1954 and that death occurred at 4:10 P.M, from the causes and on the date stated above.
SIGNATURE Oliver E. Thompson M. D. ADDRESS 934 Ellsworth Dr Silver Spring Md DATE SIGNED 5/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Private Burial
DATE THEREOF May 14, 1954
NAME OF CEMETERY OR CREMATORY Masonic Eldridge Cemetery
LOCATION (City, town, or county) (State) Glen Haines, Iowa

DATE REC'D BY LOCAL REGISTRAR 5-10-54
REGISTRAR'S SIGNATURE F. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. NW. DC

RECEIVED
MAY 12 1974
BUREAU V. S.

0795 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04763

Item 14 film G167 6/7/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda LENGTH OF STAY (in this place) 4 days 5 hrs 1/2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson
STREET ADDRESS (If rural give location) R.F.D. 2.

3. NAME OF DECEASED: (Type or Print) (First) Pearl (Middle) Summerville (Last) Ricketts

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 6 1866

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Homemaker

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: — Johnson

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Marcellus Ricketts R.F.D. 2 Dickerson Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia, bronchial both lungs due to several days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic cardio-renal disease 2 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 May, 1954, to 26 May, 1954, that I last saw the deceased alive on 26 May, 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Suburban Hosp. Bethesda Md DATE SIGNED 27 May '54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 5/30/54 NAME OF CEMETERY OR CREMATORY St Marks LOCATION (City, town, or county) Boyds Md (State)

DATE REC'D BY LOCAL REGISTRAR 6/1/54 REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Robt. L. Sweeden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUN 3 19
BUREAU V. S.

4796

MARYLAND STATE DEPARTMENT OF HEALTH

04764

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg — LENGTH OF STAY (In this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 102 Miles Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural, give location): 102 Miles Rd

3. NAME OF DECEASED (Type or Print): (First) Rufus (Middle) (Last) Rines

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 195Y

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8-27-1907

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tree expert

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Rines

14. MOTHER'S MAIDEN NAME: Mary Able

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Edna Rines (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary occlusion — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Brockhart M.D. — Gaithersburg Md — 5-1-5Y

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-4-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Masonic Cemetery Manassas Va

DATE REC'D BY LOCAL REG.: May 1, 195Y — REGISTRAR'S SIGNATURE: Ulmeda L. Clarke

24. FUNERAL DIRECTOR — ADDRESS: Geo D. Baker & Son Manassas Va

9797

04765

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3026 Washington, Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3026 Washington Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) A. (Last) ROGERS

4. DATE OF DEATH (Month) (Day) (Year) May 22, 1954 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-15-1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months 11 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Nova Scotia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas Rogers

14. MOTHER'S MAIDEN NAME: Martha Avery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-46-9186

17. INFORMANT & ADDRESS: Katherine M. Rogers-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH Sudden death.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul J. Broccoli M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit

DATE THEREOF 5-24-54

NAME OF CEMETERY OR CREMATORY Esperance

LOCATION (City, town, or county) (State) Esperance, New York

DATE REC'D BY LOCAL REG. 5/23/54

REGISTRAR'S SIGNATURE Rosie M. Jackson

24. FUNERAL DIRECTOR Robert W. Humphreys

ADDRESS Bethesda, Md.

MAY 2
BUREAU N. E.

47798 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04766

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5005 Hampden Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5005 Hampden Lane

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) GEORGE JAMES ROTHWELL

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 30, 1874
9. AGE last birthday: 79 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. of Personnel, Retired
10B. KIND OF BUSINESS OR INDUSTRY: Wilkin-Rogers Mills
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Rothwell
14. MOTHER'S MAIDEN NAME: Sarah Rothwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-09-7018
17. INFORMANT & ADDRESS: Mrs. Bessie E. Rothwell, 5005 Hampden Lane Bethesda, Maryland

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE	(A)	Pneumonia, hypostatic	4 days
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	Carcinoma, prostatic	2 yrs
	(C)	metasized Generalized	6 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1 ....., 1953, to 5/8 ....., 1954, that I last saw the deceased alive on 5/8, 1954, and that death occurred at 9 A. M, from the causes and on the date stated above.
SIGNATURE L. C. Thomas M D.
ADDRESS L. C. THOMAS, M.D. 4301-4 8TH ST., N.W. WASHINGTON, D. C.
DATE SIGNED 5/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/11/54
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 5/12/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Edward C. Dempsey
ADDRESS: Silver Spring, Md. 8434 Georgia Ave.

RECEIVED
MAY 14 1954
BUREAU V. S.

: 9799 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04767

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1000 Rittenhouse Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (none) (Last) Salvatore

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 24, 1888

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months 4 Days 29 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman

10B. KIND OF BUSINESS OR INDUSTRY: Industry

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Salvatore

14. MOTHER'S MAIDEN NAME: Teresa De Joseph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: 1000 Rittenhouse Street, Wife: Ruth Salvatore N.W., Washington, D.C.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X IMMEDIATE CAUSE	(A) Cerebral Vascular Accident	6 DAYS
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerosis, Generalized	10 YEARS
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 May, 1954, to 23 May, 1954, that I last saw the deceased alive on 23 May, 1954, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE P. R. James Lt MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 5-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 26 May 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 25 May 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR CHAMBERS Funeral Home ADDRESS 1400 Chapin St NW, Washington D.C.

RECEIVED
MAY 27 1954
BUREAU V. S.

4800 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04768

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 4 mo 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Quantico
STREET ADDRESS (If rural give location) 246 3rd Avenue

3. NAME OF DECEASED: (Type or Print) (First) Murray (Middle) Delmar (Last) SANFORD
4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 8-12-02
9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Anthonay W. SANFORD
14. MOTHER'S MAIDEN NAME: Claudia MURRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) II Korea
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife: Mrs. Beulah SANFORD 246 3rd Ave., Quantico, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Astrocytoma, Left Parietal Lobe — INTERVAL BETWEEN ONSET AND DEATH 12 mo.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 24 Feb 1954
19B. MAJOR FINDINGS OF OPERATION: Tumor, Left Parietal Lobe
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Jan., 1954 to 31 May, 1954, that I last saw the deceased alive on 31 May 1954, and that death occurred at 1:25A M, from the causes and on the date stated above.

SIGNATURE C. S. Durden Jr. ADDRESS C. S. DURDEN JR. LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 6-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit
DATE THEREOF 4 June 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 2 June 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR Hall Funeral Home Occoquan, Virginia
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUN 4 1971
BUREAU V. S.

4801

04769

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place) 44 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairview, West Virginia
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print): (First) 3 Santee, (Middle) Samuel (Last) Paul

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 19 June 1912

9. AGE last birthday: 41 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Robert Santee

14. MOTHER'S MAIDEN NAME: Maude Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Not stated

17. INFORMANT AND ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 X

Immediate cause (a) Cardiac Arrest

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Operation for aortic and mitral stenosis

(c) Rheumatic heart disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 27 May 1954

19b. MAJOR FINDINGS OF OPERATION: Mitral and aortic stenosis

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Apr. , 1954, to 27 May , 1954, that I last saw the deceased alive on 27 May , 1954, and that death occurred at 4:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Andrew G. Morrow M.D. ADDRESS The Clinical Center, Bethesda DATE SIGNED 28 May 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Removal — DATE 5/28/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Fairview W. Va

DATE REC'D BY LOCAL REG. 5/29/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR: The S. H. Hines Co. — ADDRESS 2915-14th St. N.W. Wash. D.C.

RECEIVED
JUN 1 1954
BUREAU V. S.

4802 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04770

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 107 East Wayne

3. NAME OF DECEASED: (First) Merle (Middle) A. (Last) SAWYER

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWER

8. DATE OF BIRTH: 10-17-02

9. AGE last birthday: 51 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): Vermont

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Merle M. SAWYER

14. MOTHER'S MAIDEN NAME: Maude KNEELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Son M. Thomas C. SAWYER
107 E. Wayne Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Hemorrhage, Right Cerebrum — INTERVAL BETWEEN ONSET AND DEATH: 9 days.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Vascular Disease — 2½ years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 May, 1954, to 24 May, 1954, that I last saw the deceased alive on 24 May 1954 and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE: A. E. MARLAND LT MC USN — ADDRESS: U.S. Naval Hospital, Bethesda, Maryland — M.D. — DATE SIGNED: 5-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 27 May 1954

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 25 May 1954

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR AND ADDRESS: R. A. PUMPHREY Funeral Home, 7557 Wisconsin Ave., Bethesda, Maryland

RECEIVED
MAY 27 1954
BUREAU V. S.

4803

04771
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2da. 6½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North Arlington
STREET ADDRESS (If rural, give location) 1314 North Arlington St. ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Joseph (Last) Schiel
4. DATE OF DEATH (Month) May (Day) 4 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec. 17, 1912
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Stock Clerk
10b. KIND OF BUSINESS OR INDUSTRY: W & L.
11. BIRTHPLACE (State or foreign country): Shamokin, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Schiel
14. MOTHER'S MAIDEN NAME: Anna Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 142-14-8592
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
825X
Immediate cause (a) Cerebral Contusion & laceration — INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway
21c. (City or town) Clarksburg (County) Monty (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-2-54-12:40 A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5/6/54
NAME OF CEMETERY OR CREMATORY Arlington Nat'l
LOCATION (City, town, or county) Arlington, (State) Va

DATE REC'D BY LOCAL REG. 5/4/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos F Burchs 363 [illegible] ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]A 5-53

RECEIVED
MAY
BUREAU V. S.

Item 17 - film G 168a 8-2-54 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04772

9804

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (In this place) 6mo 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 1900 Van Buren Street

3. NAME OF DECEASED: (First) Benjamin (Middle) (n) (Last) SCHLOER
4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 4-17-31
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner Retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Carl V SCHLOER
14. MOTHER'S MAIDEN NAME: Regina GEARING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Friend: Mrs Carol [illegible] M. Wise 1900 Van Buren St, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 May, 1954 to 31 May, 1954 that I last saw the deceased alive on 31 May, 1954, and that death occurred at 12:27 P M, from the causes and on the date stated above.

SIGNATURE A. B. Kern — ADDRESS A. B. KERN LT MC USNR U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 6-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4 May 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 2 June 1954
REGISTRAR'S SIGNATURE: Mary E. Donnelly
24. FUNERAL DIRECTOR: S. H. Hines Funeral Home — ADDRESS: 2901 14th St N.W. Washington, D. C.

RECEIVED
JUN 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04773

4700

CERTIFICATE OF DEATH

Reg. Dist. No. 22-3

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2514 Weisman Rd

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) boy (Last) Scott

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1954

5. SEX: Male 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single 8. DATE OF BIRTH: 5-9-54 9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 9 Min. 49

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Raymond Scott
14. MOTHER'S MAIDEN NAME: Evan Virginia Rowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mother - as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

757.1 IMMEDIATE CAUSE (A) DUE TO Congenital cystic Kidneys

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO premature birth.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4 6:18 am, 1954, to May 9 4:07 PM, 1954, that I last saw the deceased alive on May 9, 1954, and that death occurred at 4:07 PM, from the causes and on the date stated above.

SIGNATURE Ruth Blanchard ADDRESS M.D. Wash San & Hospital Takoma Park 12 DATE SIGNED 5/9/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 5-12-54
NAME OF CEMETERY OR CREMATORY Washington San. & Hospital
LOCATION (City, town, or county) (State) Takoma Park 12, Md.

DATE REC'D BY LOCAL REGISTRAR 5-12-54
REGISTRAR'S SIGNATURE Esther Dodd
24. FUNERAL DIRECTOR R.A. Hare, M.D. Wash. San & Hosp.
ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15—10-53

2054 Rec'd from both parents. Perfect

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04774

Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (In this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3640 Jenifer St NW.

3. NAME OF DECEASED: (First) Evelyn (Middle) Gordon (Last) Scott
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 28, 1895
9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Arthur Jenkins
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Emory Scott (Husband)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Pneumonia, btar, bilateral	12 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Left cerebral thrombosis	25 days
	DUE TO (C) Hypertensive heart disease	17 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	None	

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1952 to 15 May, 1954 that I last saw the deceased alive on 15 May, 1954, and that death occurred at 8:15 PM, from the causes and on the date stated above.

SIGNATURE Herbert Martyn Jr. M.D. ADDRESS 5029 Bethesda Ave DATE SIGNED 15 May 54

23. (BURIAL) CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/18/54 | NAME OF CEMETERY OR CREMATORY Rock Creek | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 5/17/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St. N.W. Wash. D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4701 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park R.D. 1
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Western Port O I X
STREET ADDRESS (If rural give location) 425 Vine Street

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Jane (Last) Sigler

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-19-68

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Josiah Sigler

14. MOTHER'S MAIDEN NAME: Rebecca Michael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Washington Sanitarium & Hosp. Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(1) Cerebral Hemorrhage (a) rt Hemiplegia Laphasia	3 days
ANTECEDENT CAUSE (B)	DUE TO (2) Auricular Fibrillation complicated (B) by cardiac failure and	Undetermined
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO Arterial embolism (saddle block at bifurcation of abdominal aorta involving arteries of both lower extremities)	16 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	(3) Generalized Arteriosclerosis	Undetermined

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1954 to May 25, 1954, that I last saw the deceased alive on May 24, 1954, and that death occurred at 3:30 A M, from the causes and on the date stated above.

SIGNATURE George L Ball M.D. ADDRESS 7595 Eastern Ave DATE SIGNED May 25, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial

DATE THEREOF 5/27/54

NAME OF CEMETERY OR CREMATORY Philos Cemetery

LOCATION (City, town, or county) (State) Western Port, Allegany Co., Md.

DATE REC'D BY LOCAL REGISTRAR 5-27-54

REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR Warren E. Pumphrey ADDRESS 8434 Ga. Ave Silver Spring, Maryland

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4806 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04776

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 1506 Farr Road, Rock Crest

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Mae (Last) Smith
4. DATE OF DEATH: (Month) May (Day) 10, (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: March 24, 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerical
10b. KIND OF BUSINESS OR INDUSTRY: Dept. of Agric.
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Shea
14. MOTHER'S MAIDEN NAME: Maria Flanagan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Norma T. Siegel, Norburn Farms, Poolesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Carcinoma of breast — Interval Between Onset And Death: 3 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atrophic Arthritis — 20 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1943, to ~~April~~ May 8, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul D. Cantor MA — ADDRESS Bethesda — DATE SIGNED 5-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/12/1954
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) (State) Prince George Maryland
DATE REC'D BY LOCAL REGISTRAR 5/12/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey
ADDRESS Bethesda, Md.

Paul Cantor

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04777

4702 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207-Hudson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 2797-18th N.W.

3. NAME OF DECEASED: (Type or Print) (First) LORA (Middle) B (Last) SMITH
4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept. 23-1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Quincy Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ORLANDO BROOKER
14. MOTHER'S MAIDEN NAME: ANNIE RALPH

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart Failure — Interval Between Onset And Death: 14 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Auricular Fibrillation — 6 mo.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to May 22, 1954 that I last saw the deceased alive on May 11, 1954, and that death occurred at 9 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Gilbert B. Rude M.D. ADDRESS 3900 Military rd N.W.D.C. DATE SIGNED 5-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 5/22/54
NAME OF CEMETERY OR CREMATORY Lee Crematorium
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 5-22-54
REGISTRAR'S SIGNATURE J. William Dodd
24. FUNERAL DIRECTOR J. William Lee & Sons ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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4807 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04778

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Col. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 15 D.C.; STREET ADDRESS (If rural give location) 5402 Connecticut Ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Martin (Last) Smither

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1954

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH. Jan. 12, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10B. KIND OF BUSINESS OR INDUSTRY: War Industry

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram H. Martin

14. MOTHER'S MAIDEN NAME: Etta Loucks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Frederick W. Smither - 5402 Conn. Ave. Wash. D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Adeno-Carcinoma uterus — 2 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1954 to May 16, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

SIGNATURE Sidney L. Bouerna ADDRESS M.D 3921 Lingonier Pl. N.W. DATE SIGNED 5-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 5/19/54 — NAME OF CEMETERY OR CREMATORY: Rock Creek — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 5/17/54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: The S.P. Hines Co. — ADDRESS: 2901 14th St. N.W. Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 19 1954
BUREAU V. S.

4809 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04779

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) Brownsville. Md

3. NAME OF DECEASED: (Type or Print) (First) MAURICE (Middle) E (Last) STUP

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 14 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Frederick Co Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joshua Stup
14. MOTHER'S MAIDEN NAME: Virginia Zimmerman

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 578-34-3203
17. INFORMANT & ADDRESS: Myrtle Harrison Stup

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.2
(a) Chronic Myocarditis - as manifest by Acute Congestive Heart Failure
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Obesity
DUE TO
(c)

Interval Between Onset And Death: 3 months / Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1954, to May 8, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 1:15 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M.D. ADDRESS Gaithersburg, Md. DATE SIGNED May 10, '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 10 '54
NAME OF CEMETERY OR CREMATORY St Luke's Redland
LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REGISTRAR 5-10-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 216

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY —
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4116 Legation St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Chiyoro (Middle) (Last) Sugiyama
4. DATE OF DEATH (Month) (Day) (Year) May 11 1954

5. SEX: M
6. COLOR OR RACE: Japanese
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 2, 1911
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Diplomat
10b. KIND OF BUSINESS OR INDUSTRY: Japanese Embassy
11. BIRTHPLACE (State or foreign country): Japan
12. CITIZEN OF WHAT COUNTRY? Japan

13. FATHER'S NAME: Chiyoro Sugiyama
14. MOTHER'S MAIDEN NAME: Wakayo Sugiyama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Setsuke Sugiyama (wife) 4116 Legation St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

970.2

Immediate cause (a) Barbiturate poisoning — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brosshart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 5-11-54 NAME OF CEMETERY OR CREMATORY Ft Lincoln LOCATION (City, town, or county) Prince Geo Co (State)

DATE REC'D BY LOCAL REG. 5/12/54 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th N W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
MAY
BUREAU V. S.

4810 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04781

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Childs Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) Carey (Last) Thompson

4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 7, 1860
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): homemaker
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Zanesville, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE W. THOMPSON
14. MOTHER'S MAIDEN NAME: NOT AVAILABLE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: MONTGOMERY COUNTY RECORDS ROCKVILLE, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
491X
Immediate cause (a) Bronchopneumonia
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 15 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to 5/4, 1954, that I last saw the deceased alive on 5/3, 1954, and that death occurred at 4:00 am, from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md. DATE SIGNED 5/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 6, 1954
NAME OF CEMETERY OR CREMATORY Colesville Cemetery
LOCATION (City, town, or county) Colesville (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 5/10/54
REGISTRAR'S SIGNATURE Dorothy Jacobson A G
24. FUNERAL DIRECTOR [signature] Walters
ADDRESS 254 Carroll St NW Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1954
BUREAU V. S.

4711 MARYLAND STATE DEPARTMENT OF HEALTH 04782

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (In this place) ½ hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Dump

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural, give location) 617 Stone St

3. NAME OF DECEASED (Type or Print) (First) Emory (Middle) Amos (Last) Twyman
4. DATE OF DEATH (Month) May (Day) 26 (Year) 1954

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 10, 1903
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Refuge Co
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Frank Twyman
14. MOTHER'S MAIDEN NAME Rose Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Catherine Twyman

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage due to — INTERVAL BETWEEN ONSET AND DEATH: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of skull — death

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) County dump (CITY OR TOWN) Rockville (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-26-54-6:50 A m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Truck backed over deceased

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-26-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/29/54
NAME OF CEMETERY OR CREMATORY Lincoln Park
LOCATION (City, town, or county) Rockville, Md (State)

DATE REC'D BY LOCAL REG. 5-29-54
REGISTRAR'S SIGNATURE Dorothy M. Jacobson
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS

June 2, 1954

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 5517 Uppingham Drive Somerset

3. NAME OF DECEASED (Type or Print) (First) Victoria (Middle) Celene (Last) Van Reuth
4. DATE OF DEATH (Month) May (Day) 20 (Year) 1954

5. SEX Fe
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 9/16/1873
9. AGE last birthday 80 yrs. If under 1 year: Months 8, Days 4; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) French Teacher
10b. KIND OF BUSINESS OR INDUSTRY Public Schools
11. BIRTHPLACE (State or foreign country) District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Norris de Moget
14. MOTHER'S MAIDEN NAME Marie Gerrard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Marie B. Stevenson 5517 Uppingham Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Oedema — 36 hrs

Antecedent cause(s) (b) Cerebral Hemorrhage — 3 wks

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Generalized Arteriosclerosis due to age — Many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to May, 1954, that I last saw the deceased alive on May 19, 1954, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS 8016 Old Georgetown Rd. Beth. Md DATE SIGNED 5/20/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/24/1954
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Wash. Dist. Columbia

DATE REC'D BY LOCAL REG. 5/22/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

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RECEIVED
MAY 24 1954
BUREAU V. S.

04784

4812

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 10147 Sutherland Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Mae (Last) Vipond

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 10, 1879
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Rouse
14. MOTHER'S MAIDEN NAME: ? Woglon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Lesley Mae R. Vipond (daughter)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 [illegible]

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO (B) Arterio-Sclerotic heart disease — 6 wks +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertension — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A DATE OF OPERATION —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15, 1954, to May 3, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 11:25 P M, from the causes and on the date stated above.

SIGNATURE Karl Dortzbach M. D. ADDRESS 3130 Wis. Ave. DATE SIGNED 5/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5/6/54
NAME OF CEMETERY OR CREMATORY ~~Rock Creek~~ Arlington Natl
LOCATION (City, town, or county) (State) ~~May~~ Arlington Va

DATE REC'D BY LOCAL REGISTRAR 5/4/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR J. Wm. Lee's Sons Co. ADDRESS Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
MAY 6 1954
BUREAU V.S.

4813

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04785

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 3mo 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Distict of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C.
STREET ADDRESS (If rural give location): 246 Gallatin Street NW

3. NAME OF DECEASED: (First) Joseph (Middle) Antes (Last) WALKER

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-5-1889

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor

10B. KIND OF BUSINESS OR INDUSTRY: Internal Revenue

11. BIRTHPLACE (State or foreign country): Pennslyvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Howard WALKER

14. MOTHER'S MAIDEN NAME: Thomasine HOLTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Wife: Mrs. Lillian WALKER 246 Gallatin St NW, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

145X

IMMEDIATE CAUSE (A) Carcinoma, squamous cell, right tonsillar fossa with metastases — INTERVAL BETWEEN ONSET AND DEATH: 16 months.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1954, to May 9, 1954, that I last saw the deceased alive on May 9, 1954, and that death occurred at 6:26A M, from the causes and on the date stated above.

SIGNATURE R. O. PECKINPAUGH LT MC USN — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 5-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 12 May 1954

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 10 May 1954

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: Chambers Funeral Home — ADDRESS: 3072 M St NW Washington, D. C.

RECEIVED
MAY
BUREAU V. S.

Item 18 Film G166 6-4-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04786

9814

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2mo 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY 47X-3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington,D.C.
STREET ADDRESS (If rural give location) 713 19th Street NW

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H. (Last) WARREN

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 2-22-95

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreign Service

10B. KIND OF BUSINESS OR INDUSTRY: State Department

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: W. X. WILLIAMS, W. L.

14. MOTHER'S MAIDEN NAME: Mary Catherine WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife: Mrs. Petria WARREN 713 19th St, NW, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

145X

IMMEDIATE CAUSE (A) CA. larynx, with Metastasis DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Unk.

ANTECEDENT CAUSE (B) Original tumor Rt. tonsillar fossa. DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Mar., 1954 to 24 May., 1954, that I last saw the deceased alive on 24 May., 1954., and that death occurred at 12:50A M, from the causes and on the date stated above.

SIGNATURE R. L. KING LT MC USN — ADDRESS U.S. Naval Hospital, NRMC, Bethesda, Maryland — DATE SIGNED 5-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 28 May 1954 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 26 May 1954 — REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR Chambers Funeral Home — ADDRESS 1400 Chapin St, NW, Washington,D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 23 1954
BUREAU V. S.

4815

MARYLAND STATE DEPARTMENT OF HEALTH

04787

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kingsley R

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg (rural)
STREET ADDRESS (If rural, give location) Kingsley Rd

3. NAME OF DECEASED (Type or Print) (First) Bertie (Middle) Bell (Last) Watkins

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12 July 1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Columbia Hawes
14. MOTHER'S MAIDEN NAME Lucindia Morley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mrs Cora LaFonte Gaithersburg Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774X

Immediate cause (a) Asphyxia due to hanging

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found hanging by neck in home

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-24-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Wed May 26/54
NAME OF CEMETERY OR CREMATORY Mountain View Md
LOCATION (City, town, or county) Burden Md (State)

DATE REC'D BY LOCAL REG. May 25/54
REGISTRAR'S SIGNATURE Della W. Burdette
24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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Film#G165 Item# 13

5/12/54 emf

A816

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04788

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4902 Dorset Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4902 Dorset Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) DELLA (Last) WEBER

4. DATE OF DEATH: (Month) May (Day) 1, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jul. 31, 1876

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: unknown Knapp

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Leroy Weber- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, generalized — DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar Pneumonia, resolving

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19 ....., 1953, to 5/1 ....., 1954, that I last saw the deceased alive on 4/30, 1954, and that death occurred at 7:AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) D. L. Marks M.D. — ADDRESS 6306 Wisconsin Ave Chevy Chase Md — DATE SIGNED 5/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-transit — DATE THEREOF 5/5/1954 — NAME OF CEMETERY OR CREMATORY Blandford — LOCATION (City, town, or county) Grant Co. (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 5/6/54 — REGISTRAR'S SIGNATURE Jessie M. Thomson

24. FUNERAL DIRECTOR Robert A. Humphrey — ADDRESS Bethesda, Md.

RECEIVED
MAY 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1817

04789

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 32 Da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 53[illegible] 29th St. N.W.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Selma (Middle) S (Last) Wells

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Dec. 29, 1877
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): District Columbia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Speckhouse
14. MOTHER'S MAIDEN NAME: Katherine Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: W. M. Wells - Husband.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X
IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive Heart Disease — years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1954 to May 3, 1954 that I last saw the deceased alive on May 3, 1954, and that death occurred at 3:07 P. M, from the causes and on the date stated above.
SIGNATURE Robert O. Harrell M.D. ADDRESS M.D. 5516 Nebraska Ave DC. DATE SIGNED 5-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/5/54 | NAME OF CEMETERY OR CREMATORY Rock Creek Cem | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 5/4/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 52

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04790

1918 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) In the city

3. NAME OF DECEASED: (Type or Print) (First) Sidney (Middle) Deeds (Last) Wells

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 29 1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist

10B. KIND OF BUSINESS OR INDUSTRY: Paper Industry

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Obadiah Wells

14. MOTHER'S MAIDEN NAME: Helen Deeds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Sidney D. Wells, Jr., Dickerson Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Occlusion — 7 days

DUE TO (C) Hypertensive-Arteriosclerotic Cardio-Vascular Renal — 5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 May, 1954, to 16 May., 1954, that I last saw the deceased alive on 16 May, 1954, and that death occurred at 3 30 P. M, from the causes and on the date stated above.

SIGNATURE John M. Smith M. D. ADDRESS Bamesville, Md DATE SIGNED 16 May 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 5/19/54

NAME OF CEMETERY OR CREMATORY Loa Crematory

LOCATION (City, town, or county) (State) Washington, DC.

DATE REC'D BY LOCAL REGISTRAR 5/21/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR William B. Hilleary ADDRESS Bamesville, Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 24 1 4
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 04791

4819

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Germantown — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marylander Rest Home	STREET ADDRESS (If rural give location) 5705 Glenwood Rd.

3. NAME OF DECEASED: (Type or Print) (First) NANCY (Middle) F. (Last) WEYMOUTH

4. DATE OF DEATH: (Month) (Day) (Year) 19 May 7, 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Oct. 27, 1872	81 yrs.	6	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Virginia	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles F. Fadeley	Ora Orrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		None	Virginia Shappell. Hans #2

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary Occlusion	10 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (c) Hypertensive Cardio Vascular Disease	20 yr.
	DUE TO (b) Coronary insufficiency and Myocardial degeneration	4 mo.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Thrombosis involving speech center	3 weeks.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
—	—	

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1952, to 7 May, 1954, that I last saw the deceased alive on 1 May, 1954, and that death occurred at ~~7 May~~ 11:45 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John G. Bell	M.D.	7936 Georgetown Rd. Bethesda Md	8 May 54.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	4-8-54	Hampton	Hampton, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 8-54	Arnold G. Cooke	Robert N. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04792

#820

CERTIFICATE OF DEATH

Reg. Dist. No. 191 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly, and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS THE MONTGOMERY COUNTY GENERAL HOSPITAL INC OLNEY, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Rt 2

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Bell (Last) Wilkins

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Separated
8. DATE OF BIRTH: 3.17.77
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ambrose Miller
14. MOTHER'S MAIDEN NAME: Alice Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease with

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) chronic myocardial failure

DUE TO (c)

Interval Between Onset And Death: (a) 5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ■

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to May 10, 1954, that I last saw the deceased alive on May 10, 1954, and that death occurred at 10 20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles S. Whitaker, M.D. Clarksville, Md. 5/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-12-54
NAME OF CEMETERY OR CREMATORY Good Shepherd
LOCATION (City, town, or county) (State) Ellicott City, Md

DATE REC'D BY LOCAL REGISTRAR 5-11-54
REGISTRAR'S SIGNATURE John B. Laythem
24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md

Rev. B.E.L. Gertrude Lawlor mmt

RECEIVED
MAY 30 1954
BUREAU V. S.

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4712

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mason Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Mason Dr

3. NAME OF DECEASED (Type or Print) (First) Dorothy (Middle) Juanita (Last) Williams

4. DATE OF DEATH (Month) May (Day) 30 (Year) 1954

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 17, 1912
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Lawson
14. MOTHER'S MAIDEN NAME Lucretia Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Richard Williams - Rockville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 5-30-54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE THEREOF 6-3-54
NAME OF CEMETERY OR CREMATORY Haiti
LOCATION (City, town, or county) (State) Rockville, Md

DATE REC'D BY LOCAL REG. June 3, 1954
REGISTRAR'S SIGNATURE Dorothy M. Jackson
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JAN 7
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE 18~~

4821

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Scotland X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D.#3 Box 58 Bethesda 14, Md. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Scotland X
STREET ADDRESS (If rural give location): R.F.D.#3 Box 58 Bethesda 14, Md.

3. NAME OF DECEASED: (Type or Print) (First) SWEETY (Middle) (Last) WILLIAMS

4. DATE OF DEATH: (Month) (Day) (Year) May 23, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 22, 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months 3 Days 1 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Store Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Merchant

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Williams

14. MOTHER'S MAIDEN NAME: Mary Ann Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Ozzie Williams- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause — (a) Cardiac & respiratory failure — Interval Between Onset And Death: 30 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) arteriosclerotic C.V. disease — 2 yrs

DUE TO (c) Diabetes mellitus — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/1952, to 5/23/1954, that I last saw the deceased alive on 5/23, 1954, and that death occurred at 4:05P., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph R. Jones M.D. — ADDRESS: Rockville Md — DATE SIGNED: 5/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-26-54 — NAME OF CEMETERY OR CREMATORY: Parklawn — LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5/25/54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert L. Umphrey — ADDRESS: Bethesda, Md.

VS. A15

RECEIVED
MAY 27 1954
BUREAU V. S.

04795

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4703 CERTIFICATE OF DEATH Reg. Dist. No. 223-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
LENGTH OF STAY (in this place) 13 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 4 DC-3
STREET ADDRESS (If rural give location) 1346 Park Road N.W

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Victor (Last) Wise
4. DATE OF DEATH: (Month) 5 (Day) 17 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-3-74
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Car Motorman
10B. KIND OF BUSINESS OR INDUSTRY: Street Car
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James A. Wise
14. MOTHER'S MAIDEN NAME: Sarah Unkle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sanitarium Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Final multiple due to
IMMEDIATE CAUSE (A) DUE TO Cutaneous ulcer head and arm, c hypertension — INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs
ANTECEDENT CAUSE (S) (B) DUE TO Complete A V block c Eff-BBB. — ..
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Congestive failure — 3y

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1951, to May 17, 1954, that I last saw the deceased alive on 5/16/, 1954, and that death occurred at 1:05 A M, from the causes and on the date stated above.
SIGNATURE E. H. Nolan M.D. ADDRESS 500 Rhode Island Ave N.W DATE SIGNED 5/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/19/54
NAME OF CEMETERY OR CREMATORY: Rock Creek Cem.
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 5-17-1954
REGISTRAR'S SIGNATURE: J. Wilson Dodd.
24. FUNERAL DIRECTOR: The S.H. Hines Co. 2901-14 St. Wash. D.C.
ADDRESS

RECEIVED
MAY 18 1954
BUREAU V. S.